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COMMISSION OF INQUIRY  
INTO THE  
NON MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

October 30, 1969  
Hotel Vancouver, (evening session)  
Vancouver, British Columbia







1 COMMISSION OF INQUIRY  
2 INTO THE  
3 NON-MEDICAL USE OF DRUGS

4 COMMISSION D'ENQUETE  
5 SUR L'USAGE DES DROGUES  
6 A DES FINS NON MEDICALES

7 BEFORE:

8 Gerald LeDain, Chairman,  
9 Ian Campbell, Member,  
10 J. Peter Stein, Member,  
11 H. E. Lehmann, M.D., Member,  
12 James J. Moore, Executive Secretary,  
13 Marie-Andree Bertrand, Member.

14 COUNSEL:

15 J. Bowlby, Q.C., Counsel for the Commission

17 RESEARCH:

18 Dr. Ralph Miller

20 SECRETARY TO THE CHAIRMAN:

21 Vivian Luscombe.

22  
23  
24  
25 October 30, 1969  
26 Hotel Vancouver,  
27 Vancouver, British Columbia  
28  
29  
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1 ---Upon commencing at 8:00 p.m.

2 THE CHAIRMAN: Good evening, ladies  
3 and gentlemen, I call the hearing of the Commission of  
4 Inquiry into the Non-Medical Use of Drugs to order. I  
5 welcome you tonight. I would just like to introduce  
6 the members of the Commission and our staff who are  
7 present tonight. On my far right, Dean Ian Campbell,  
8 from Montreal; on my immediate right, Dr. Heinz Lehmann,  
9 and on my left, Mr. James J. Moore, Executive Secretary  
10 of the Commission. On Mr. Moore's left is Professor  
11 Marie-Andree Bertrand of Montreal, and on Miss Bertrand's  
12 left, Mr. J. Peter Stein of this city. To Mr. Stein's  
13 left, the Commission Counsel, Mr. John Bowlby, Q.C., and  
14 on his right, Dr. Ralph Miller, Research Associate, and  
15 on his right, Mrs. Vivian Luscombe, my Secretary to the  
16 Commission.

17 Now, perhaps a few words by way of  
18 reference to the nature of our task may be helpful  
19 tonight, as background. This Commission was appointed  
20 by the federal government on May 29th of this year on  
21 the recommendation of the Minister of Health and Welfare.  
22 It is an independent Commission set up under The In-  
23 quiries Act, and it has been asked to look into the  
24 non-medical use of drugs in Canada; and more especially  
25 to look at three things; to look at the extent of its  
26 use, the pattern of use, the population of the drugs  
27 involved, the population of the kind of people involved,  
28 the relationship, if any, between drugs. Secondly, to  
29 look at the facts to inquire into the effects of these  
30 drugs, physical, psychological, behavioral and social,





1 and finally, to also -- to look into the reasons for  
2 the non-medical use of drugs, what is the motivation,  
3 what are the other factors, social factors, which attri-  
4 bute to this, what is the solution for it all, does it  
5 have a larger meaning and social significance than might  
6 appear on first sight? And then, on the basis of this  
7 information, to make recommendations to the federal  
8 government as to what the federal government could do  
9 alone and with other governments to reduce the problems  
10 involved in non-medical drug use. Now, it covers a wide  
11 variety of drugs, psychotropic drugs, mood-modifying  
12 drugs; tending to focus -- tending to concentrate  
13 on certain of these drugs, and our mandate is very broad.  
14 We are asked ~~under our~~ mandate, we are asked to  
15 make an interim report in six months, and a final report  
16 in two years. Now, this is not simply a technical  
17 question reserved for experts. It is a broad social  
18 question on which we need help from the people of Canada.  
19 We need help and the benefit of everyone's views and  
20 we hope to receive as wide an expression of experience  
21 as we can get, and so our approach to this public  
22 inquiry is to try to have as much public discussion on  
23 the issue as possible and I hope you here tonight will  
24 feel free to give us the benefit of your views. You can  
25 step up to either of those microphones, if you will. We  
26 have four briefs scheduled for tonight and I propose to  
27 proceed to hear these briefs and questions, those who  
28 are presenting them, and then invite general discussion  
29 of the mandate. The four briefs that we are going to  
30 hear from are in the following order: We shall hear first





1 from Dr. G. B. Rush, Professor at Simon Fraser University,  
2 who has just concluded a drug survey, and he has  
3 recommendations to make to us, and then Mr. A. D.  
4 Messenger, who is a member of the British Columbia  
5 Social Counsellors Association who has been encouraged  
6 to present a brief to us by the B.C. Teachers Federation,  
7 and thirdly, Mr. Elrod , of The Unitarian Church,  
8 and finally, a brief by Brian Campbell, John Hill, Jerry  
9 Reed and Donna Watt, and there maybe others here tonight  
10 who may have submissions, and they are very free to let  
11 us know -- Mr. Moore is here to sort it out , and  
12 of course, we are ready to take evidence privately and  
13 anonymously. We usually do this at the end of our  
14 sessions, our public sessions, and we would be prepared  
15 to do that tonight, so you would just have to leave  
16 your request here and identify yourself here by name  
17 -- I should say that no one needs to identify themselves  
18 by name. We are not an investigation, we are not  
19 interested in identity of individuals, we are not  
20 interested in law enforcement, our hearings are not to  
21 be used for law enforcement purposes; <sup>we are interested in understanding</sup> and so hearing  
22 your views and experience and insight is what we are  
23 interested in, so you can remain as anonymous as you  
24 wish. Now, we call upon Dr. Rush, then. Dr. Rush,  
25 if you would be seated here at the table on the right.

26 DR. RUSH: I will just begin at the  
27 beginning?

28 THE CHAIRMAN: Yes, just where you want  
29 to begin.

30 DR. RUSH: Well, it is very impressive





1 being a witness and have three chairs to choose from.

2 I want to discuss this evening more of  
3 the social milieu of drug abuse and associated charac-  
4 teristics of the population in North Vancouver. North  
5 Vancouver, in case some of you are not aware, can be  
6 classed pretty well as a middle to upper-<sup>middle</sup> class community  
7 and we did quite an extensive study of adolescents and  
8 their relationships to the institutions of that com-  
9 munity. It wasn't just a study of the young people  
10 there, but rather a study of the total environment they  
11 were living in, and one of the basic questions we were  
12 asking was, "What is it like to be a young person living  
13 in North Vancouver?" I want this evening to discuss  
14 some associations between marijuana use particularly  
15 and school leaving or dropping out. And we found--  
16 our finding, sort of, as we got into this analysis,  
17 there is a finding of a higher incidence of drug use  
18 among school drop-outs than among those who are still in  
19 school, and I have **tables** of data here that I am giving  
20 to the Commission on this.

21 We found that among young people in  
22 school, the use in grades 10, 11 and 12, and we focused--  
23 at least I focused on these **grades** for this report,  
24 because this is the age of most of the school leavers;  
25 I think 96% of our drop-outs dropped out in the grade  
26 10, 11 and 12 period. So taking that into consideration,  
27 we have about 24% of the school population who have ever  
28 used marijuana to an extent, that is, used it regularly  
29 to an extent, or just experimented with it. The com-  
30 parison for the drop-out was 56% who had used it to any





1 extent. The incidence of regular use was also consi-  
2 derably higher for the drop-out sample, 12.7% as compared  
3 to 3.4%. As I said, the fact that school drop-outs use  
4 drugs to a greater extent than adolescents should not  
5 come as a surprise, but what does bear consideration is  
6 how we interpret this kind of findings. Now, to begin  
7 with, it is axiomatic in any science, that the kinds of  
8 problems that we look at, the kind of relationship  
9 between two variables, merely finding a connection  
10 between them doesn't prove that there is any causal re-  
11 lationship between them. I would like to illustrate this  
12 with the reference to marijuana use and dropping out by  
13 raising at least four plausible interpretations of this  
14 statement. The facts don't speak for themselves; they  
15 only take on meaning when someone interprets them in the  
16 light of other knowledge.

17 Now, the first - given the cultural  
18 value of our society, the first interpretation that  
19 occurred in our society is that marijuana causes dropping  
20 out. But it is equally possible to say that dropping  
21 out causes marijuana use. If you take the first of  
22 these, you say that marijuana causes dropping out, any  
23 explanation that you want to make for this is available.  
24 The interpretation that dropping out leads to marijuana  
25 use might be consistent, however, with the feeling that  
26 "idle hands are the devil's tools". Now, having two  
27 equally plausible interpretations of this relationship  
28 does complicate the issue somewhat, and it raises the  
29 question of social priorities. If you want to cure one  
30 of these and you feel it is caused by the other one,  
which one do you tackle? Do you plan to curb dropping





or its use

1 out by eliminating marijuana, or vice versa, so  
2 immediately you have two social priorities to select  
3 from. Now, I say obviously, and I hope its obvious to  
4 you, that these kinds of causal interpretations of just  
5 one to one relationships, are quite ridiculously  
6 simplistic. The social policies that they lead to are  
7 also quite impractical. There is a sheer impossibility  
8 of eliminating either marijuana use or <sup>dropping out of</sup> school, I think  
9 marijuana is there, it will be used, as long as school  
10 is there people drop out of it. Now, I would like to  
11 begin to expand this interpretation by looking at  
12 another possibility.

13 It is possible that there are inter-  
14 vening causes between the relationship of marijuana  
15 use and dropping out, that marijuana use might lead  
16 to some unknown factor that is called "x" which in  
17 turn leads to dropping out, or that dropping out leads  
18 to "x", which leads to marijuana use. Now this "x"  
19 is an unknown quantity, but it might be the social  
20 disapproval that is given to either dropping out or  
21 drug use. I would like to use the analogy here of the  
22 loss of virginity. At one time, a young girl who was  
23 no longer a virgin was an outcast in society. She was  
24 unfit for marriage and well, you know, she often wound  
25 up as a prostitute. But what I want you to understand  
26 is the loss of virginity in itself does not lead to  
27 prostitution of promiscuity, but <sup>it</sup> is rather the social  
28 response to an ~~unmarried~~ non-virgin that leads to these  
29 other results. So, I would like, later on, to come  
30 back to the question of the social attitudes towards





1 dropping out of school and towards drug use as being  
2 a very important factor in what happens to people  
3 who engage in either one of these activities.

4 Now, another very likely interpretation  
5 of the original findings is that marijuana use and  
6 dropping out, although statistically connected, that is,  
7 there is an apparent relationship, they are not causally  
8 related at all. In fact, both are independently caused  
9 by some other factors. There is an antecedent cause  
10 or acquired cause of both forms. Now, this possibility  
11 opens up a Pandora's box of likely causes. You might  
12 say the age-old "rebellion of youth", leads to dropping  
13 out of school and to marijuana, or it might be the  
14 increasingly early physiological and psychological matur-  
15 ation of young people, or it could be "falling in with evil  
16 companions", or the depersonalization and bureaucrati-  
17 zation of society or it could be the threat of  
18 imminent environmental collapse or thermonuclear anni-  
19 hilation, to name a few, that are factors in our society  
20 that are leading our young people into these kinds of  
21 behaviour.

22 Well, I am going to try to make a plea  
23 here for realistic approach to the social policies that  
24 these kinds of interpretations can lead to. In the  
25 short run, not even the creation of a total military  
26 state is going to control or prevent dropping out or  
27 marijuana use. Repressive measures, like suggested,  
28 such as putting "narcos" in classrooms is only going to  
29 turn people off the social institutions, when we want  
30 to keep them in -- I presume, I don't know. So the

"quick and easy" solutions that are suggested by the first two





1 causal interpretations are out, unless we first decide  
2 that we want to "control" a large portion of our civil  
3 population through intimidation and fear. In the medium  
4 run, consistent with the third interpretation, we might  
5 reduce the incidence of either marijuana use or dropping  
6 out by eliminating the stigma attached to these behaviours.  
7 This requires a redefinition of the meaning of these  
8 behaviours in our society. Now, this carries no guaran-  
9 tees, that behaviours that concern us are going to be  
10 eliminated by changing social attitudes, but at least  
11 one thing will come about, and that is that we would not  
12 worry so much about these things if they were not defined  
13 as social problems. Now, in the long run, and here I  
14 address the third interpretation used as an antecedent,  
15 is that we can address these problems by altering the  
16 character of our human relationships, or the structure  
17 of our society, or the course of our civilization.  
18 People are doing what is called "anti-social behaviour"  
19 because we are worried about the future of our society.  
20 Then you could treat this by doing something about the  
21 future of society. Now, this is, of course, a revolu-  
22 tionary approach which you might well appreciate. It  
23 does not entail burning down society or blowing it  
24 up but it does entail basic changes in the structure of  
25 our society, so you pay your nickel and you take your  
26 choice. You can take a regressive or a reform approach,  
27 which I think is probably the most feasible "liberal"  
28 course, or you could take the revolutionary approach,  
29 which, I might add, many young people are doing today  
30 in their attempts to change their relationship towards





1 society, change their relationship to one another--this  
2 is revolutionary given the present state of our social  
3 system.

4 Well, you might gather that I--if I were  
5 forced to make some recommendation, I would opt for  
6 either the reformist or revolutionary approach, rather  
7 than the repressive one, and I would like to give you  
8 some food for thought in considering these as viable  
9 alternatives. I'll pause for a moment while I light up  
10 a bit of the narcotic here. Tobacco use and alcohol  
11 use we found to be quite high on the North Shore as well,  
12 considerably higher than drug use, and too, these I  
13 classify as drugs.

14 Now, if the young people that we are  
15 talking about, the drop-outs, if they are the "rejects"  
16 of our school system, then the school system is rejecting  
17 some of its best material. In the drop-out sample,  
18 they exhibited a higher degree of <sup>social consequence</sup> tolerance of civil  
19 liberties, of social liberties, greater sensitivity,  
20 greater liberalism on a whole range of behavioural and  
21 attitudinal characteristics.

22 I have considerable data to support this;  
23 I am not going to bore you with the whole set of facts  
24 and figures, but I would suggest it would be available  
25 eventually.

26 On the basis of somewhat limited data,  
27 and I might say that we have just begun to analyze the  
28 data on this, we prepared quite a large report for the  
29 school board and now we are getting a little more deeply  
30 into the data, and on the basis of some first impressions,



1 we find that drop-outs are not as alienated from social  
2 institutions as are the students themselves. For  
3 example, drop-outs seem to be more favourably disposed  
4 towards government and law as social institutions. They  
5 are not nearly as negative about these institutions as  
6 the kids who are still in school, though they are more  
7 critical of the agents of these institutions; they are  
8 more critical of politicians than the drop-outs are.  
9 The drop-outs are more critical of the police than the  
10 kids in school, but they are more favourable to the  
11 institutions. I would say these findings would suggest  
12 that drop-outs may be better able to discriminate  
13 between social institutions and the representatives than  
14 the students who are still in school. They see things  
15 perhaps in a different light. Drop-outs are less  
16 committed to a work ethic than their in-school counter-  
17 part and are less self-depricatory about their stage of  
18 "youthful rebellion". Kids in school seem to have  
19 accepted the idea that they are in a state of "youthful  
20 rebelliousness" and if they just wait long enough this  
21 will pass and they will become adults. The kids who  
22 drop out of school are not nearly as self-critical in  
23 this regard. They feel that they are individuals, they  
24 are people.

25 On the highly relevant social issues  
26 of marijuana and sex in our society today, especially  
27 with young people, the drop-out showed considerably more  
28 liberal attitudes than did the student sample. Now, of  
29 course, we wouldn't find this to be surprising that they  
30 would be more favourably disposed towards marijuana, but





1 it's not just their disposition. I would say that they  
2 probably have a better understanding of some of the  
3 things that the kids in school who do not experiment  
4 with marijuana merely take for granted. They have, you  
5 might say, an attitudinal ~~Sight~~ towards these things, that  
6 the kids who drop out and who have used marijuana, have  
7 a much more realistic--I would say, much more critical  
8 approach. They would not always--on some issues they  
9 would agree. They are not sure, for instance--we had  
10 a question on the psychological dependency that is  
11 talked about in relation to marijuana. The kids who  
12 were in school said, "Yes, it does, definitely." The  
13 kids who had dropped out, many of them said, "I am not  
14 sure ", which I think is probably a more tolerant and  
15 more healthy attitude toward things. If you don't know,  
16 you aren't sure, say you don't. We went quite deeply  
17 into their relationships in the family. There is  
18 considerable evidence that drop-outs are better  
19 integrated into their families in some respect than  
20 the school sample are. More parents of drop-outs report  
21 that they have talked with their children on matters of  
22 immediate concern to young people; choice of friends,  
23 dating, politics, sex, birth control and drugs, than  
24 the parents of the school students have. And with the  
25 exception of a very insignificant reversal of these  
26 findings in the area of politics, the parents of the  
27 drop-out kids indicated that they had talked more with  
28 their children on these matters.

29 Now, there is no way of knowing of the  
30 depth or intensity of these discussions and you have to





1 take findings like this with a certain--not necessarily  
2 scepticism, but you have to wait until other data is  
3 available. The parents of drop-out samples ranked  
4 slightly higher on income, education, and occupational  
5 characteristics than the parents of the kids who were  
6 in school, so the kids who were dropping out of school,  
7 at least in North Vancouver, are not coming from the  
8 culturally deprived sector of the community, but are  
9 coming from that part of it which we hold out to be  
10 desirable, because it's desirable to stand for a certain  
11 middle-class standing in society. So that the attitudes  
12 of their parents are also reflected in this. The parents  
13 of drop-outs have more liberal attitudes on most of the  
14 social issues we have talked about, on the sex and marijuana  
15 use variables, than the parents of the kids who were still  
16 in school.

17 So, there seems, in fact, to have been  
18 a fair amount of communication going on within the family.  
19 It may have started by the parents cracking down on kids  
20 and telling them what's what, but at least the kids are  
21 talking back to the parents. When I say "talking back"  
22 I mean are communicating back to them and the parents  
23 are also--seem to have been developing a certain tolerance  
24 I will say, at least towards certain issues.

25 There is increasing evidence, and we have  
26 researched the data on this, the published literature,  
27 to find out what people have been writing on this, and  
28 there is increasing evidence that adolescent marijuana  
29 users tend to be better than average students, come from  
30 fairly affluent homes, have a high expectation of going



1 on to college and university. We certainly intend to  
2 investigate these characteristics in our own study. We  
3 have done a preliminary study of the literature, and  
4 unfortunately, at the moment, the person who is doing  
5 computer work for me is doing work at Stanford and he  
6 is not immediately available, but we certainly intend  
7 to investigate these more extensively for the Commission  
8 and find out what is going on on the North shore in our  
9 later analyses. I think it is clear that marijuana is  
10 not closely associated with otherwise deviant sub-  
11 cultures. There is a high incidence of use,-- marijuana  
12 use, in acceptable middle class society. Well, to sum  
13 up, I would say that marijuana users and school drop-outs  
14 seem to share a number of characteristics which are  
15 highly acceptable to the middle class standards of our  
16 society. I suspect that these young people are exhibiting  
17 what Edgar Friedenberg in his very readable book, "Coming  
18 of Age in America", and if you read in [inaudible] and  
19 Friedenberg did the same on adolescence, and in his book  
20 he calls--a certain group of young people "subjective"  
21 persons. They have a quality which he calls "subjectivity"  
22 which he defines as "the capacity to attend to and  
23 respond to one's inner life and feelings, to the  
24 uniquely personal in experience and to personal relationships."  
25 And about these people, and I would say,  
26 one thing I found, or my colleagues found, in this  
27 study, is, many young people in North Vancouver seem  
28 to exhibit these characteristics. About these young  
29 people, Friedenberg writes:

30 " 'Subjective' people have very little use





1 for the school, and vice versa.

2 Particularly in adolescence, they are  
3 trying to realize and clarify their  
4 identity; the school, acting as a  
5 mobility ladder, assumes instead the  
6 function of inducing them to change or  
7 alter it. They want to discover who  
8 they are; the school wants to help  
9 them 'make something out of themselves'.  
10 They want to know where they are; the  
11 school wants to help them get somewhere.  
12 They want to learn how to live with  
13 themselves; the school wants to teach  
14 them how to get along with others. They  
15 want to learn how to tell what is right  
16 for them; the school wants to teach  
17 them to give the responses that will  
18 earn them rewards in the classroom and  
19 in social situations."

20 I would like in closing, to ask you to  
21 bear these descriptions in mind when you say, "this is  
22 what we have to do about the drug problem."

23 Thank you.

24 THE CHAIRMAN: Thank you. Thank you,  
25 Dr. Rush.

26 Any questions from the Commission?  
27 Dean Campbell?

28 Can you all hear at the back? Don't  
29 hesitate to raise your hand. If you can't hear at any  
30 time, just raise your hand.





1 THE PUBLIC: It's just that I'm stuck  
2 on something. I can't understand what he means by his  
3 explanation---

4 THE CHAIRMAN: Could you move to the  
5 microphone, please?

6 THE PUBLIC: His description of a  
7 subjective person sounds more like an objective person  
8 to me.

9 THE CHAIRMAN: Would you like to clarify  
10 that, Doctor?'

11 DR. RUSH: I would say that is pretty  
12 well put. I understand what he is talking about.

13 THE CHAIRMAN: Could you tell the rest  
14 of us?'

15 DR. RUSH: All right. I would say he is  
16 talking about the existential inner definition which  
17 perhaps Friedenbergr is talking about. What this gentle-  
18 man, I think, is saying, is that young people have turned  
19 this subjectivity into an objectivity and the  
20 objective case, of course, is me. My wife  
21 is a teacher, I think that's right, and "me" only exists  
22 in relationship to other people, and what the  
23 young man is saying is that it's really objective when  
24 you relate to other people in these kinds of ways. Is  
that accurate?

25 THE PUBLIC: Thank you.

26 DR. RUSH: Thank you.

27 THE CHAIRMAN: Dean Campbell?

28 MR. CAMPBELL: I have got two questions,  
29 Professor Rush. They don't relate directly to the data,  
30 but I think, perhaps, the work you have been doing in



1 the public, in interpretations--the first is, in  
2 Eastern Canada, particularly the Montreal area, there  
3 seems a pattern where perhaps 70% to 80% of the senior  
4 high school students have used drugs and a fair number  
5 are using them regularly. Recently, with equal availa-  
6 bility or nearly equal availability of hash, acid and  
7 speed, there has been a very--more upsurge in the use  
8 of speed in high school populations that looks as though  
9 it is a more rapid increase than in, say, a university  
10 population. There seems to be the type of appeal to  
11 speed here that you would find with the "vicar" group.  
12 A simple explanation might be the law, but I suspect  
13 it goes further than this. I was wondering if there was  
14 anything you had noticed to suggest that possibly speed  
15 as a drug and in terms of its effects, would have a  
16 special appeal at the high school level but it wouldn't  
17 elsewhere, and by the same token, that other drugs, due  
18 to the nature of their effects, have special appeals in  
19 other populations?

20 DR. RUSH: I am afraid I don't feel  
21 qualified to comment on speed and other forms. We  
22 found LSD use to be quite low in the school population,  
23 slightly higher in the drop-out -- speed, methedrine,  
24 other substances like this, was practically negligible  
25 in the school sample.

26 There is a young man here tonight--  
27 Nick, would you have a comment on that? It is Nick  
28 Mansfield who is a student of mine and also works for  
29 the Narcotics Addiction Foundation, and may have more  
30 relevant information.





1 MR. CAMPBELL: Just before -- when was  
2 this data gathered?

3 DR. RUSH: 1968, April.

4 MR. MANSFIELD: Should I answer this  
5 question? In relation to methedrine use, I should make  
6 it clear, I am a graduate student---

7 THE CHAIRMAN: I wonder, they can't  
8 hear you at the back.

9 MR. MANSFIELD: I think it is very  
10 important to realize the basic social milieu of the  
11 use of methedrine especially. We found that at -- in  
12 some students and young addicts that we had seen in  
13 the Narcotics Addiction Foundation and others I have  
14 met outside the Foundation, but generally in the 18 to  
15 22, 23 group, but, that the basic milieu of the speed  
16 injector is one close to that of the addict of the 50's  
17 or early 60's. Basically, the type of background is  
18 a lower class, working class background, and the means  
19 of taking the drug, the methedrine and methamphetamine  
20 substances is by injection, and one of the main things  
21 about the middle class person is the almost sacred  
22 nature of the body. I think it is important to see  
23 how middle class students groom themselves in North  
24 Vancouver and West Vancouver and other areas such as  
25 this. Makeup, cosmetics, things of this nature are  
26 very important to these people, and also good physical  
27 health. The person that is injecting methamphetamine  
28 substances is-- knows quite well that they are going  
29 to be down quite quickly, the cycles usually go for a  
30 week, two weeks, three weeks at a time of steady





1 injection, and I have seen people in Vancouver who  
2 have been using up to four grams of amphetamine a day,  
3 injected. Your middle class student is not prone to  
4 this type of use because of the very nature of the  
5 intake of the drug. It is frightening, there are  
6 certain things built up against it in the family, almost  
7 inexplicable factors related to the intake of the drugs.  
8 I would say, subjectively now, we are hoping to do some  
9 sort of work on the use of amphetamines; that you would  
10 generally find amphetamine use in a group in which the  
11 values of self and -- the social milieu is not one of  
12 the sacred body.

13 MR. CAMPBELL: Well, this use is fairly  
14 recent data and I think I am quoting a fairly recent  
15 trend. I found it surprising that -- how would you  
16 find this hypothesis: that speed has a power and it  
17 has a particular appeal to those who feel powerless  
18 and it perhaps would have a lower class appeal, but  
19 comparing to high school and university populations,  
20 there might be a greater sense of powerlessness at  
21 high school level and then hence a greater appeal,  
22 and it has been suggested that in some areas your  
23 high school population is an oppressed population, and  
24 the anti-depressant quality of speed would have an  
25 appeal. Does this make any sense?

26 MR. MANSFIELD: It certainly does.  
27 One of the major things is that the student in the  
28 middle class community, the student who is going on  
29 to university, is more immersed in a liberal education  
30 structure of the university or the high school beyond



1 the social context, whereas with people his own age  
2 and the people who are older tend to allow the student,  
3 the child to explain himself, to attune himself to the  
4 older generation; more of a relationship than one of our  
5 more highly intonated persons who are in a technical  
6 program or an occupational program. They have no farther  
7 to develop afterwards -- I think as Garry points out with  
8 these dropouts. The very nature of school-leaving is  
9 combined with drug use. You ~~relate one of the other too~~  
10 as certain to another point altogether and to a group  
11 of people, this thing of the finality of education, the  
12 finality of actually the contact of other people, is  
13 highly important to them and this really seems to explain  
14 the speed freak, the speed user more adequately than  
15 to all these things -- power trip, itself. I think the  
16 power trip is something that is felt after the trip  
17 has been felt. I think it is their alienation and the  
18 need for the illusion that is provided by the drug and the  
19 social security of the speed user is quite close, really,  
20 to the young people of 15, 16, 17 who were searching  
21 for heroin in the late '50's and mid '60's. There is  
22 speed available on the streets in small packets, there  
23 is a great deal to using speed -- this allows somebody  
24 to fall into a specific group of speed freaks, speed  
25 users.

26 THE CHAIRMAN: Professor Bertrand?

27 PROFESSOR BERTRAND: Yes, coming back  
28 to the survey made by Dr. Rush, I would like to ask him  
29 when he expects the final interim edition of the study  
30 to come and also, one more question regarding the scale





1 of sociality.

2 DR. RUSH: Yes, the Department of Health  
3 and Welfare is sitting in Ottawa anticipating that they  
4 will get a large report in March or April and so we plan  
5 to have a report for them, and then there will be  
6 the publications: the plan that I have is to take the  
7 basic data to interpret, to go into more of a community  
8 analysis in the large report, look at institutions and  
9 the school systems in more detail, the relationship of  
10 the young people and so on and then these people will --  
11 my colleagues plan to write individual research papers  
12 on specific topics which will be included in the  
13 publication. But all of these will be sent on to the  
14 founding agencies. The question on attitudes -- I'm  
15 sorry?

16 PROFESSOR BERTRAND: Yes, this was item  
17 5, on "Attitude", "If criminals are punished promptly and  
18 ..." -- the statement is, "If criminals are punished  
19 promptly and severely, there will be fewer crimes."  
20 And then I see that 44% of the school kids say, "Yes"  
21 and 23% of the drop-outs say -- I'm sorry, 60% of the  
22 drop-outs disagree.

23 How do you interpret that?

24 DR. RUSH: At the moment this requires  
25 -- as I said, this is only the preliminary analysis, the  
26 question of distribution -- to give any meaning to this,  
27 we would have to sort out marijuana users in the school  
28 population, marijuana users in the drop-out population,  
29 to account for the effect of marijuana use on this  
30 particular attitude. It may be, now, that this



1 finding will be eliminated completely and it is only  
2 the marijuana users in both populations who disagreed  
3 with this statement.

4 PROFESSOR BERTRAND: Yes.

5 DR. RUSH: We would not interpret this  
6 in itself, it would fit into a whole set of other  
7 attitudes.

8 PROFESSOR BERTRAND: This was really  
9 the meaning of my question because we have had strong  
10 evidence before this Commission that many marijuana  
11 users were feeling that the kind of justice that you  
12 actually administer to our society does not truly deter  
13 someone from crime.

14 DR. RUSH: Yes. I would say, just to  
15 comment on that, that we did find, as I indicated  
16 earlier, our drop-outs seemed to have a slightly better  
17 attitude towards the law as an institution. They feel  
18 that there is perhaps more justice in the law than the  
19 kids in school, and yet their attitudes towards the  
20 agents in the law is considerably lower.

21 MR. STEIN: Could I follow on this  
22 question of variation: one of the points that has been  
23 made to us both here and in Toronto is that the drug  
24 communities that are visible tend to have a great deal  
25 of police surveillance and prosecutions around drugs  
26 like marijuana, and with the communities like the one  
27 you were looking into, tend to be pretty well left alone  
28 for all practical purposes, ~~that~~ a person could use  
29 marijuana practically in that community without being  
30 worried about anything except, perhaps, being thrown





1 out of school. My question is: did you get any sense  
2 of the feelings that kids had about the act -- does  
3 your study go into whether in their mind they are  
4 committing something which will bring them directly  
5 into confrontation with the law; is this a pretty  
6 remote kind of -- and if you can also get into whether  
7 that affects their attitudes towards the law  
8 enforcement agencies as opposed to attitudes of kids,  
9 say, on 4th Avenue?

10 DR. RUSH: We don't find anything as to  
11 what you might call <sup>hard data,</sup> survey evidence on this phenomena,  
12 but I think I can say, in this sense, from ~~our preliminary~~  
13 participant <sup>observation</sup> work before we did this study, we went  
14 into the community with some of our students and hung  
15 out where they hung out, and I would say probably that  
16 most drug users are aware of the -- that this is  
17 illegal, certainly, and they are running the risk of  
18 running afoul of the law.

19 This I would say is not a deterrent.  
20 It may, in fact, add something to the whole scene.  
21 I don't know if there is much credence in the fact that  
22 forbidden fruits are much better, but this is certainly  
23 the forbidden fruit. The relationship between young  
24 people and the police seems to be, as we pointed out  
25 in another report, somewhat of a game, but once you  
26 get into or are known by the police, then it is a  
27 continuing game. We found, for instance, that once they  
28 have been stopped by the police and checked out for any  
29 driving infraction, not having any driving infraction,  
30 then it became an almost constant thing. Students went



1 out -- were not just stopped and checked out once, but  
2 some of our respondents have been checked up to 19 times  
3 within the past year, the year that we did this study.

4 Now, this indicates that there is some --  
5 not what I would call harassment, but there is some --  
6 there does seem to be a greater frequency of contact  
7 with people who have become known to the police than  
8 those who haven't.

9 I would, I think, quite confidently say,  
10 that the fact that drug use is illegal is not a great  
11 deterrent, not in the kind of community we are studying.

12 PROFESSOR BERTRAND: In this community,  
13 did you find any changes in drug use, as one drug  
14 became scarce, for instance, where grass is hard to  
15 come by, was there any tendency for other use to  
16 increase?

17 DR. RUSH: In the study here it was  
18 found that this was one aspect of the life of young  
19 people. Perhaps we could have more information. I  
20 would tend to say that, yes, it does happen, that if  
21 one source of drug does dry up, the people turn to  
22 some others.

23 MR. MANSFIELD: Yes, the use of  
24 methedrine and LSD as this operation crackdown --  
25 whatever it is ---

26 DR. RUSH: Operation Intercept.

27 MR. MANSFIELD: I'm sorry -- does go  
28 on in Vancouver. The pushers and the -- among the  
29 high school students in Burnaby -- are completely off the  
30 marijuana and hashish at the present time and on to the





1 chemical drugs which can be manufactured quite easily.

2 THE CHAIRMAN: Are there any other  
3 questions or observations?

4 Yes, would you like to come to the  
5 microphone, please?

6 THE PUBLIC: All I would like to ask is  
7 what percentage of the drop-outs are boys and what are  
8 girls and what has this got to do to follow with the  
9 drop-outs?

10 DR. RUSH: I'm sorry, I must apologize  
11 for not having more of these kinds of break-downs, but  
12 as I said my computerizer programmer has got the tape  
13 there and is going to have it set up in his program and  
14 we have nine <sup>categories</sup> of information and it was impossible  
15 to do it just before we made this presentation, but  
16 certainly for the larger reports we will control for  
17 this kind of evidence.

18 I could tell you what the drop-outs  
19 were, but my data is in my office.

20 THE PUBLIC: I just wondered, are there  
21 more drop-outs -- is there a sexual projection, are  
22 there more -- do they use the theory to explain the  
23 use of drugs -- the Freudian theory?

24 DR. RUSH: Not Freudian, no. I would  
25 say that the cultural expectations that exist for  
26 girls would be much different for boys -- than for  
27 girls and that the life of a girl is much different.

28 We found, for instance, that the kind  
29 of programs we get into in school, the kinds of  
30 occupational aspirations, they tend towards clerical



1 and so on whereas the boys are heading for technical,  
2 professional schools, occupations.

3 I wouldn't even hazard a guess as to  
4 sex distribution of our drop-outs. That data is  
5 sitting in a quote book in my office at the University.

6 THE CHAIRMAN: The lady at the mike at  
7 the back of the room?

8 THE PUBLIC: Yes, the talk that you  
9 gave tonight, Doctor, gave me a point of view. I  
10 hadn't realized that the drop-outs were in some effect  
11 different, and I wonder if this marijuana issue doesn't  
12 raise the point that this is something that has been  
13 going on for centuries and it is the fight of non-  
14 conformists, the self-actualizing person against  
15 conformity. Or is this just taking this particular  
16 shape in this generation?

17 Could you comment on that?

18 DR. RUSH: Yes, I would say that that is  
19 a very plausible point. You see, social problems just  
20 don't get dropped down suddenly. They arise as people  
21 begin to look around and see a lot of things going on,  
22 people doing things that they define as somehow illicit,  
23 problematical, undesirable deviances in some way.

24 I would say that we have a lot of  
25 evidence that during the '30's the flight of intellectuals  
26 and intensely serious young people into revolutionary --  
27 into Spain, for instance, into Europe, was a search  
28 for alternatives to their life goal, the society they  
29 were living in, given the nature of the human species.  
30 I think the search for alternatives is going to remain





1 with us and I hope so. I mean, these are the kinds of  
2 people who are the innovators in society.

3 You look into the backgrounds of many of  
4 the poets and writers and you find that drugs formed a  
5 very, very great part of it. But it was not a problem  
6 at that time other than perhaps, a personal one.

7 So I would say, yes, that the broad  
8 historical <sup>perspective</sup> ~~time~~ is a valid point.

9 THE PUBLIC: Yes, I would like to just  
10 make one more point on this, and it goes back to our  
11 educational system which is one -- as a teacher in  
12 the United States said, rather than teaching democratic  
13 values, ~~it teaches practical~~ <sup>it teaches practical</sup> slavery and it is  
14 one way of turning off the student, and I am wondering  
15 if this move towards a more liberal approach to education  
16 and to stimulate ~~imagination~~ <sup>imagination</sup> and curiosity rather than  
17 stifling it, if this will in effect, perhaps, turn away  
18 students from drugs because you can turn on with ideas  
19 just the same.

20 I remember what Oliver Wendell Holmes  
21 said, that the true personality is one that is cut  
22 ~~diamond-fashion~~ <sup>diamond-fashion</sup> with many facets to reflect the many  
23 aspects of the universe around it, but society is  
24 continually at work trying to grind us down to one  
25 flat surface.

26 So I think that perhaps this turning on  
27 to drugs is an escape and trying to bring out the  
28 imagination and the curiosity that has been stifled  
29 by society and by an offshoot of it, of our education.

30 DR. RUSH: Yes, the turning on to drugs



1 is only part of turning on to many kinds of things, and  
2 personal experience, turning on to people. It is nice  
3 to turn on to people.

4 I would like to -- before we run down  
5 the people who are taking care of the educational system  
6 -- I would like to point out that the educational system  
7 faces a real dilemma; on one hand it is being a liberal  
8 by society, it must try to implicate certain liberal  
9 values, look for the ideals of democracy; at the same  
10 time democracy can't work in a class room because then  
11 the control would be lost and then you have 35, 40 people  
12 running around being individuals, so there is the  
13 impractical aspect of this. It would be very instructive  
14 to find out -- and we didn't do a follow-up study -- but  
15 to find out what drop-outs do once they drop out; what  
16 kind of continuing learning experience do they undergo?  
17 We could give personal experiences but I would rather  
18 stick to <sup>hard data on this</sup> I don't think a drop-out is the end of the  
19 world.

20 THE CHAIRMAN: The fellow at the back  
21 of the room?

22 THE PUBLIC: I would like to make the  
23 observation that if you observe drinkers and drug  
24 addicts, you will find that they have the same basic  
25 personal problems and then the question was asked --  
26 students, whether there is different punishment would  
27 reduce the rates of drug use?

28 Well it has already been proven that  
29 different punishment doesn't bring down the drinking  
30 use. It seems to be going on with the drug use. I





1 wonder if the drug use and the drinking use isn't a  
2 reaction?

3 Now going further, you said that students  
4 were less communicable with the world around them than  
5 were drop-outs. I wonder if the students aren't under  
6 a pressure already and that the pressure of stiffer  
7 punishment wouldn't be just an addition of that pressure  
8 and that maybe if some of the social pressure was  
9 released from them, it might reduce the rate -- the  
10 rates of the use of both drink and drugs?

11 DR. RUSH: Yes, I would like to point out  
12 that if you stay in school, this means that you have some  
13 commitment to the goals of that system and commitment to  
14 the goals define certain types of behaviours that you do.  
15 You must go along, do certain things or you don't attain  
16 those goals. If you drop out, on the other hand, you  
17 are no longer committed to those specific goals and  
18 your range for possibilities of actions, <sup>thought,</sup> are much  
19 wider.

20 Of course the problem is, once we  
21 institutionalize dropping out and making it okay, then  
22 that will become a new thesis, a new thing that we will  
23 have to develop something against that. I firmly believe  
24 in the dialectical perception of history that yesterday's  
25 evils become today's greatest status quo, but I think  
26 that the people who drop out have become liberated in  
27 one sense and certainly seek liberation in others.

28 THE PUBLIC: If they continue in school  
29 which is possibly necessary to learning, like one has  
30 to learn from somewhere and school could be a good thing



1 of that, I mean it could be a good place to learn,  
2 whereby one can go out and make use of oneself in life,  
3 however, there are certain little things that they have  
4 to bug you in school, so to speak, whereas it is the  
5 same, like going to work, when you go to work, a lot of  
6 drop-outs go to work, even at work there are a lot of  
7 things to bug you. This cuts off your freedom a little  
8 bit, so this idea of dropping out and being socially  
9 acceptable, there are ways that it is more socially  
10 acceptable, such as pointing out the Canadian Services  
11 -- they say that if you are of such and such an age and  
12 nobody really wants you, they don't suggest that you  
13 drop out, but they suggest that if you have dropped out  
14 and you might pass our tests and if you are not even  
15 -- even man enough, we might take you, and there are  
16 certain jobs which one can get. They don't want you  
17 to have an education, because if you are educated you  
18 are going to go on and you are not going to stay in that  
19 job all your life because it's a drag.

20 DR. RUSH: Yes. There are many things  
21 that you have raised here would bear consideration.  
22 To change the nature of a school system, to attract  
23 people into it rather than to force them out of it is  
24 in the nature of a revolutionary thing. It is one of  
25 those antecedent variables I was talking about. It is  
26 simply, school causes dropping out. And I think also  
27 school has a good contribution to marijuana use, so  
28 certainly I would advocate the change of our educational  
29 system to make it more relevant to people, to attract  
30 them to stay in. But one of my colleagues up at the





1 University who is doing a book on the educational system  
2 -- and he has what he calls the Parking Lot Theory of  
3 schools, like these are places to keep people out of the  
4 labour market and off the -- off the streets.

5 I'm sorry, I could not recall all that  
6 you said. I think that probably to comment on it would  
7 really be hauling coals to Newcastle, however. You  
8 have already made the point.

9 THE CHAIRMAN: The gentleman at the front  
10 here?

11 THE PUBLIC: The use of drugs,  
12 particularly marijuana, for pleasure, seems to be  
13 identified as the problem.

14 Can you identify some of the problems  
15 that are inherent in the use of marijuana, some of the  
16 bad effects that the young people show in the survey?

17 DR. RUSH: Well, we didn't approach it  
18 from a medical point of view, and I have no data on the  
19 specific medical effects of marijuana use.

20 THE PUBLIC: Do you have data on any  
21 bad effects?

22 DR. RUSH: Well, we were not studying  
23 the effects of drug use, we were studying drug use as  
24 a part of the social milieu, the social organization of  
25 adolescent society.

26 THE PUBLIC: Why do we consider it a  
27 problem, then?

28 DR. RUSH: Here might be one, then:  
29 Let us say that the people who use alcohol to excess,  
30 let us say, who use tobacco to excess, eventually



1 become problems, I mean lung cancer is something that  
2 is problematic in society, the respiratory tract  
3 abusers; alcohol is a problem. I would say here, excess  
4 of anything taken for pleasure becomes a problem because  
5 it can lead to social changes in the individuals. And  
6 some people are able to take quite large quantities of  
7 alcohol or drugs of various kinds and still function,  
8 still operate. Now, I know people who just go through  
9 aspirin like it was candy and they are still able to  
10 operate. But I would like to go further: why do people  
11 have to take aspirin so much? Is it a medical cause?  
12 Are migraine headaches socially caused, personality  
13 problems? Why do these things become defined as  
14 problems? It is very difficult to say.

15 I am writing a book on social movements  
16 and of course the problems of the existence is a social  
17 thing, getting movement off the ground. Many things become  
18 problems during social historical periods of time.  
19 What was it in the year 1920 or the early parts of the  
20 1900's to let drinking become so defined as a social  
21 problem as to cause prohibition? There is a whole  
22 host of historic factors that have a bearing on this.  
23 And one of the difficulties of studying anything that  
24 we are right in the middle of is that we never get a  
25 clear view of it until it has already passed into  
26 history and by then it is already too late.

27 THE PUBLIC: Did you find anything that  
28 you could construe as excessive use of marijuana?

29 DR. RUSH: No, the question that we  
30 asked was self-rating; that is, how frequently do you





1 use and a whole long list of things and we have  
2 categorized them, like, seldom, occasionally -- no,  
3 let's see: regularly, occasionally, seldom and never.

4 So it is whatever the person, himself,  
5 defines as regularly. For some users, I don't know,  
6 given one time, they might consider that regular use.  
7 It is up to the individual. You see, we are dealing  
8 with statistical categories and we do not know if we  
9 are dealing with four joints a day or an ounce a week  
10 or what have you. It is up to the individual to find  
11 that. We are only interested in their perception of it,  
12 you see.

13 I'm sorry, I don't have the data to answer  
14 your question.

15 THE CHAIRMAN: I think I should call  
16 now upon Mr. Messenger and Mr. Rush, thank you very  
17 much for your interesting contribution to our  
18 discussion.

19 MR. MESSENGER: I have with me, Mr.  
20 Cecil Lane, another special counsellor from Vancouver,  
21 and I rather appreciate Dr. Rush's latter comments  
22 to focus attention away from the drug problem, per  
23 se, and into wider perspective of the problems, because  
24 certainly, we come to discuss this area, we see  
25 something greater than the problem as such.

26 THE CHAIRMAN: Could you tell us,  
27 perhaps for the benefit of the Commission, just what  
28 the B.C. Special Counsellors Association is?

29 MR. MESSENGER: Yes, we are a group  
30 of teachers, originally, within the school system, who



1 through specialized training, both at the University  
2 and an interest in this program, are committed  
3 full time to the school system in the identification  
4 and assisting of obtaining treatment for kids with learning  
5 disabilities, emotional and behavioral problems,  
6 disabilities of various sorts and combinations.

7 We act very much as any other professional  
8 agency.

9 THE CHAIRMAN: Please continue.

10 MR. MESSENGER: I appreciate very much  
11 Dr. Rush's comments when he broke away from the question  
12 of alcohol and so forth, because, certainly, it is our  
13 point, dealing with kids, dealing from kindergarten  
14 through Grade 12, that the problem is such -- more the  
15 question of value structure of society and how the kids  
16 feel. In relation to a variety of concerns and I don't  
17 even want to use "problems", but in smoking, alcohol,  
18 drugs, marriage, sex, philosophy, politics -- I think  
19 the whole thing -- I think it, also, when we look at it  
20 inasmuch as kids are concerned it may apply, as to the  
21 adults as well, and in some cases when it comes to  
22 drug abuse it is more the adults than the kids in this  
23 area, but certainly one of the things we are concerned about  
24 and feel strongly about is that young people, before forming  
25 opinions as to behaviour in these particular areas can --  
26 want the opportunities to discuss these specific  
27 concerns with other people, preferably -- I would not say  
28 preferably, but certainly, older people; I think that one  
29 of the problems is that society is too often projected  
30 by the parent, by the school system, that they simply



1 don't get this opportunity and they therefore, quite  
2 regularly, I think, turn to the youth culture, or  
3 particularly, the youth drug-taking sub-culture which  
4 are very willing to talk with these young people.

5 Then with this significant, obvious  
6 youth culture, I think we have something new to our  
7 society we have never had before from the standpoint of  
8 what you have, numbers, qualities of young people in  
9 our schools and so forth, who have been played very  
10 much to by our market media: movies and so on and so  
11 forth, and it creates a situation that adults have  
12 never experienced before and I think that they have  
13 become very much confused by it.

14 Out of all this, we reach a situation  
15 where the parents become very concerned and this puts  
16 the school in a particular dilemma because as they  
17 become concerned, there seems to be a trend now where  
18 they challenge the schools for the solution and I  
19 appreciate Dr. Rush's comments that the schools can  
20 be all things to all people, whereas in the past, where we  
21 found ourselves dealing with this type of problem, that  
22 you know, when you turn to the Minister before, or the  
23 family doctor, other crucial areas, perhaps, the larger  
24 family cycle, looked for response; today we don't have  
25 this type of thing, so we turn to the schools to, in  
26 a sense, solve their problems. They turn to it for  
27 help or the kind of attitude: "What is the school doing  
28 about it?" type of thing.

29 I think that we can see that now and I  
30 think it is significant again, that Dr. Rush brought up





1 the point that the school does not have a clear mandate  
2 in this particular area and I can also say that the school  
3 does not have the personnel within it or personnel without  
4 it to really do the job at this point.

5 We are also wondering if perhaps the  
6 significant area here is parental education? It would  
7 appear to us to some extent that the parents to a great  
8 extent have lost the contact with the younger people and  
9 certainly have lost an understanding and perhaps here  
10 is where our primary function should exist. We have what  
11 would appear a majority, and here again, these are  
12 comparative terms of so-called adjustment of young kids.  
13 We feel we have a quorum population of deviant  
14 youngsters and the question comes, "Where does the  
15 school stack up in this type of thing?" I don't think,  
16 really, when we consider the quaral population, the schools  
17 have done very much about it. We found, essentially,  
18 they are easy to identify, and we can do it early  
19 particularly in the primary grades and we find the  
20 basic factors involved, long term family discord,  
21 social community expectations, disabilities of various  
22 types and they are often a combination of these things.

23 Secondly, adding to this is the factor,  
24 we wonder if people at this point really want help.  
25 Perhaps they have to reach this point before they  
26 really seek it.

27 It is a lesson to us sometimes that if  
28 it wasn't drugs, the deviancy would be in  
29 other direction experienced in the past and I think too  
30 little has been done too late.



1                   Then we have the majority of the kids  
2   in the school, as I mentioned, they are in a milieu  
3   where we have this deviate corellant being retained  
4   longer in the schools for various reasons, justifiable  
5   or not. They are in constant contact and the whole  
6   essence then loses a degree of control, and I think from  
7   the standpoint, there is some influence rubbing off,  
8   occurring. I think also reflect <sup>the young culture,</sup> the ability of ~~A~~ that is the  
9   youth culture, to the young kids today. Some of this, I  
10   would say is very positive. . . I think the question  
11   of what the kids are doing today is a very positive  
12   one but also I think there are some negative aspects.  
13   I think also, there is some, on the part of the majority  
14   element, a high degree of empathy for these younger, these  
15   kids of minority groups, in the school, a high degree  
16   of empathy to them and a high <sup>criticism</sup> ~~to~~ to the school system  
17   and to the other population that literally nobody is  
18   trying to help them out.

19                I think, also, this group is very  
20   ambivalent about the drug situation. You know, it is  
21   rather interesting that when you go to odd parent who  
22   is out on Saturday night and he got loaded on booze  
23   and the old man seems to be kind of sighing from relief  
24   in the standpoint of all this booze and not drugs. He  
25   understands the booze but not the drugs and I think the  
26   kids have an ambivalence about this type of situation.  
27   I think there is a significant point here, though.  
28   This comes from us talking with a great many young kids  
29   and a lot of young kids have been involved with drugs  
30   and I think, in all honesty, they have rejected it.





1 If we could, we would like to offer some suggestions  
2 to the Commission:

3 It is significant that when we take our  
4 traditional institutions as Dr. Rush has mentioned, ~~the~~  
5 ~~family is still the~~ institution. In essence, if the  
6 ~~family fails~~ in part or in total, our society would  
7 represent ~~only one other institution who has the kids~~  
8 for a long period of time, ~~or rather,~~ continually. In  
9 essence, then, does the society expect the schools to  
10 put up a responsibility in this area?

11 If we look at this root again,  
12 you know, we have a kind of philosophy in this group.  
13 Certainly, I think more outside groups to go to the  
14 adults, I think that if a kid is in school, everything  
15 is fine, you know: He could be the most disturbed youth  
16 in the school. But the alternative, then, is what?  
17 Well, we kick them out. I'll go on a little bit, Dr.  
18 Rush's term, that if a drop-out -- was he forced out,  
19 or was he kind of squeezed out? You know, there is this  
20 term of play in here. But if we maintain him and keep  
21 him, what are we going to do for him?

22 I think here is where a great good deal  
23 of effort should be given and from the standpoint of the  
24 identification factor and the treatment factor, the  
25 basic problems do show in school, but <sup>I</sup> think the schools  
26 do have to become a far more flexible institution than  
27 they are. I think they have to, in a sense, use a greater  
28 deal of variety in their approach. I think that the  
29 psychiatrist and sociologist, psychologist and so on,  
30 be more of an aid to the outside agencies for this type



1 of youngster. I have here a particular article dealing  
2 with this concern of these ~~schools~~ and I would like to  
3 leave it with the Commission if I might.

4 When it comes to the second group, the  
5 general school population, we question many things about  
6 the schools approach to them, and the ~~pattern~~ of education  
7 for them. They question, for example, the communication  
8 skills of the school and the relevance of its program.

9 I wouldn't want to go into this. This brings up a whole  
10 philosophy, but I think basically, consideration should  
11 be given for change in the basic educational structure,  
12 its direction, its content, and its presentation, and  
13 I recommend the Hall-Dennis Report of Ontario, and  
14 certainly, the B. C. Teachers' Federation Report,  
15 <sup>the key to</sup> involving better schools, and I would like to leave a  
16 couple of copies with the Commission.

17 I think there is a fundamental philosophy  
18 in schools that should now be looked at more closely than  
19 we have.

20 The third factor, pertaining to the  
21 specific problem, the drug education, again <sup>we,</sup> thinking  
22 this thing out, question very much whether you can  
23 create as such, a drug education program. It would  
24 appear there is a demand right now by the ~~adult~~  
25 population that we are going to go into the schools,  
26 <sup>fear,</sup> hell, fire and brimstone type of thing, and  
27 literally frighten the kids away from it. It has  
28 been tried; we know it doesn't work.

29 Well, we would like to be honest with  
30 the kids and realize they have this variety of concerns



1 that I mention and we would like to consider, and we  
2 strongly suggest it that the schools consider a program  
3 of family education in which the schools would in all  
4 honesty, using a variety of professional peoples and  
5 outside personnel, discuss with the kids their total  
6 concerns when they see them as a concern and to the  
7 depth at which they want to go into them, and we call  
8 this type of thing a "human relations approach". There  
9 are lots of catches to such a program, one, you have  
10 to use a multitudinous technique, you would have to use  
11 a variety of various professions. I think there has to  
12 be a great deal of thought given to teacher counsel prepa-  
13 ration and a great deal of recognition that the school  
14 should not be an entity unto themselves, but should be an  
15 internal-external type of thing. Maybe things would be  
16 going on outside the school not only in it. I think the  
17 key factor that comes up, and that is the question of the  
18 parental involvement in this type of program. I think  
19 they would have to be aware of this program, and more im-  
20 portant, a part of it, and I think the schools then would  
21 have to commit themselves to a different type of  
22 school day than we have been used to in the past.  
23 The question of this type of thing creates in all  
24 parents' minds, is then the school's usurping the autho-  
25 rity of the parent, and we would suggest that no, this  
26 is not the case, that in essence what we are doing is  
27 really acting as an adjunct to the parent in this  
28 education pattern. Now, it would appear that we are  
29 ranging way off the track of drugs, but we still feel--  
30 I might suggest, Peter, you came to our school and





1 | talked to a group of youngsters and I think you found  
2 | when you talked to them about drugs they range through  
3 | a variety of concerns we see, dealing with the variety  
4 | of concerns, not with one specific situation. I asked  
5 | Mr. Lane tonight, he has done a great deal of  
6 | experimental work in the field of human relations, and  
7 | if you would just take a few minutes to explain the  
8 | program.

9 | THE CHAIRMAN: Mr. Lane?

10 | MR. LANE: Thank you. Just to take a  
11 | moment to explain that there is quite a bit of innovation  
12 | in our schools now, and one of the new programs that  
13 | was set up two years ago involved human relation dis-  
14 | cussions, and I am sure many of you read about it in  
15 | the newspaper. It was sometimes equated with sex  
16 | education but it is not strictly sex education; that  
17 | it is an opportunity for young people to discuss some  
18 | of the issues that they are concerned with. It is a  
19 | free flowing discussion, it is not a structured situation.  
20 | I have had many of these discussions in which we sit  
21 | around the table and there is no formal preparation and  
22 | no formal presentation, but the discussion is allowed  
23 | to proceed as the children wish, often dealing with  
24 | subjects of sex and drug abuse, and it certainly is  
25 | widely discussed in the area which we work at this time  
26 | and is a current topic of a great deal of discussion;  
27 | glue sniffing, marijuana, and the other things, but  
28 | at these discussions they are completely at liberty to  
29 | discuss any matter, any topic and frequently we as adults  
30 | project some of our needs on them. We think they are



1 much more interested in some things than they really  
2 are. Sometimes we think they are more interested in  
3 matters of sex and of even drugs than they really are,  
4 but frequently the discussions go back to their basic  
5 concern about their relationships with other people,  
6 and I think it is a reflection of a somewhat, of a —  
7 reflection of the alienation of our times and I think  
8 many of the children are aware, and feel the need of  
9 communication with other people. And when an adult  
10 sits down and listens to them, doesn't necessarily agree  
11 or disagree with them, but listens to them and tries  
12 to attain or understand their viewpoint, the youngsters  
13 appreciate it, look forward to it and enjoy it. Now,  
14 how much effect it has as far as prevention of the drugs  
15 or the abuse of drugs, there is no way of telling.

16 I think this is one opportunity, however,  
17 for us to do something in the educational field, and  
18 I think it is a legitimate tool in the teacher's hands.  
19 It is not the answer, there is no one answer, but it is  
20 a tool and a very useful device. I think the other  
21 possibility as far as education is concerned is in  
22 parent education, and that is the preparation of young  
23 people for parenthood, because the most important  
24 functions of our lives is becoming parents, and we are  
25 so little prepared for it. I think that the high school  
26 can do something in some of the senior grades in the  
27 preparation of young people for parenthood and I think  
28 this is a legitimate area to prepare young people who  
29 later become parents to in turn help theirs. It's a  
30 longer range program, it's a longer way off, but it is





1 a legitimate area in which education can have a bearing  
2 even on the drug problem.

3 THE CHAIRMAN: Thank you.

4 MR. MESSENGER: If I might just mention,  
5 when we made this type of presentation, a variety of  
6 resources are used. And they are used very extensively  
7 in this type of program if it is one of drugs. There  
8 have been cases where we have brought in kids who have  
9 used drugs, we have brought a couple of people in from  
10 Cool-Aid once in a while, we have brought in hard drug  
11 users, and so forth. It depends on the extent of where  
12 the youngsters want to go and I think it has to be  
13 honest and I think it has to be what this type of person  
14 has to face--- I want to make one comment and I'm  
15 wondering a little bit, after talking with the kids  
16 in the essence--I'm not being critical of the Commission  
17 here, but I am wondering, a little bit, if in essence  
18 you are going to hear the average youngster in the  
19 school and the average parent. I am questioning very  
20 much if they are coming out to this type of hearing  
21 and I am wondering if in essence, if perhaps the Com-  
22 missioners shouldn't make a move into the schools to  
23 meet this type of youngster.

24 Thank you, Mr. Chairman.

25 THE CHAIRMAN: Thank you, Mr. Messenger,

26 MR. STEIN: Could I  
27 comment, perhaps, on that last note very briefly?

28 I think it has been our feeling from  
29 the beginning that this type of hearing would be valuable  
30 in terms of getting the kind of presentations we have



1 heard tonight, but that certainly the Commission was  
2 going to have to go out into all kinds of communities,  
3 the schools, the universities, and, why,--I could go on  
4 and list a whole series of various groups that we have  
5 been and are continuing to meet with. The point here  
6 is that if there are any individuals or groups, be they  
7 parents or students or drop-outs or whatever category  
8 or label people happen to put on themselves, the Com-  
9 mission, both as a group and as individuals are very  
10 anxious to meet with them and to discuss in their  
11 setting, if that's where they want to talk, their views,  
12 not, as you pointed out, just on drugs, because we  
13 realize drugs are only a part of a total social situation,  
14 but their views on what they take to be the general  
15 phenomenon that is occurring right now with both youth  
16 and adults, and try to understand what to make out of  
17 our century. And so, we are aware of it and I think it  
18 is important that we reiterate this public chaos as  
19 often as we can so that the public is aware. Our  
20 interest in going out into these communities is to that  
21 extent.

22 THE CHAIRMAN: Thank you. Any--yes,  
23 the gentleman back there.

24 THE PUBLIC: Yes, I would like to say  
25 a few things to these two gentlemen. First of all, I  
26 find the connection very interesting between the lack  
27 of dialectical analysis of the entire situation, the  
28 way the terms of reference trap these individuals and  
29 most of us into a very specific way of dealing with  
30 problems, and the way they talk about the educational



1 system in general, the way education -- they talk about  
2 things in terms of tools, as devices, motivations  
3 which, to find out about what human relations -- very  
4 goal-motivated, which direct our thinking frequently  
5 in very non-constructive ways. I would like to suggest  
6 an alternative to this would -- which would be a creative  
7 alternative, to take the entire question -- to say that  
8 the whole question of drugs should be an answer to a lot  
9 of the questions these gentlemen are talking about. If  
10 the individual is free to a certain type of thought  
11 he is going to be more able to cope with whatever reality  
12 it is confronting him. Now, traditionally -- in many  
13 societies, you have a certain wisdom culture. North  
14 America is much more concerned with knowledge and  
15 practicality, materiality, direction to solving specific  
16 problems, whereas wisdom is something which works on a  
17 deeper existential base. Now, drugs are one means to  
18 realizing -- to developing towards this type of wisdom,  
19 a different type of approach to any problem. Now, it  
20 is my suggestion that instead of trying to try to stop  
21 kids using drugs, that every school should have a program  
22 of development of this wisdom type of -- wisdom as  
23 opposed to knowledge, which would entail having shamans,  
24 Indians perhaps, who are available to us, people who  
25 are well versed in the use of drugs in primitive  
26 societies, the use of -- like people to teach us yoga  
27 and meditation in schools, a way to help the personality  
28 so he isn't going to be trapped in the same terms of  
29 reference that are bogging us down here.

30 Thanks.





1 THE CHAIRMAN: Excuse me, the lady at  
2 the microphone.

3 THE PUBLIC: I would like to make a  
4 statement. When you say -- I am a P.T.A. member and  
5 I am here to get all the information I can tonight to  
6 take back to our school. We are pushing this, and we  
7 are certainly ---

8 We want the facts too, and the youngsters  
9 ask our questions and we can't come up with the right  
10 answers and this doesn't make us too good too. We want  
11 the information and we want the Commission to know we  
12 are thoroughly interested and we are going right along  
13 with this.

14 THE CHAIRMAN: Thank you.

15 The Reverend gentleman at the back of  
16 the room.

17 THE PUBLIC: Mr. Chairman, I would like  
18 to make a couple of reflections this evening. I would  
19 speak as a counsellor, I would speak supposedly quali-  
20 fied in this area, at least, Columbia University said  
21 I was, unless they burnt it down since I was there.

22 But, I would speak in regard to youths  
23 between the age of 13 to 19, regardless of their  
24 religious affiliation, whether they have any or not,  
25 because my dealings -- my dealing are from these areas.  
26 My remarks will also be in regard to a cross-section  
27 from the lower class as you would call it, to the upper  
28 class families.

29 First of all, I wish to avoid philoso-  
30 phical dissertations or various things that have been



1 given to a great deal this evening, and to get down  
2 to a practical situation.

3 First of all, number A. I found in  
4 dealing with numbers of those on drugs and those not  
5 on drugs when put under pressure, psychological pressure  
6 through group dynamics in such lines as this, that those  
7 under -- I can only speak of those under marijuana and  
8 those under LSD -- that in these cases they break. I  
9 had very much difficulty because they will start going  
10 on a trip on me in such groups as these, where in general  
11 those that have not are able to handle their hostilities  
12 and are even able to handle the Reverend, as you would  
13 say, like getting me out of the place, which I quite  
14 appreciate in some instances. But, nevertheless they  
15 are capable of handling hostilities and various things,  
16 matters within the group.

17 Secondly, I would like to point out that  
18 those, especially on LSD, that the numbers -- that I  
19 wish people would before, refraining, would sit for hours  
20 like I do, and say, that four out of five, this is  
21 quite correct, four out of five, those who use drugs  
22 do not seem to have problems, do not have these diffi-  
23 culties, but I am speaking of perhaps one of the five  
24 in which there is depressions, in which there is a  
25 great deal of distortion within their minds and the  
26 difficulties that they have. I have found that those  
27 that are on LSD and generally -- and going back, that  
28 they have all, to my knowledge, started with marijuana,  
29 but not necessarily vice versa.

30 Getting down to a practical situation





1 for these one out of five, or these that are disturbed  
2 mentally or that have taken bum trips, or "bummers" as  
3 they call them, or whatever you want, that within our  
4 society, that we establish a great need here in Vancouver  
5 first of all, would be a medical drop-in centre in which  
6 a youth -- and this has probably been dissertated and  
7 reiterated across the nation, but if it hasn't been, I  
8 simply repeat it again; where a young man or woman who  
9 goes on drugs, who has the problem, and you will find  
10 that he is mentally disturbed -- that there is someplace  
11 that they can go anonymously in which they could seek  
12 help. At the present time, you could send them to --  
13 maybe there is Cool-Aid or these various other places  
14 in which there is usually non-professional help -- where  
15 there would be professional help. But, you can send a  
16 youth who has taken LSD to the General Hospital here  
17 and if they are not psychotic before they get there they  
18 will be after they get there because of the confusion  
19 and everything that takes place with the red tape, and  
20 this is enough to make any lad, if he isn't, to go on  
21 a trip if he hasn't started already because there is no  
22 place that a youth can go without all the red tape and  
23 things like this.

24 Secondly, there is the problem, legally  
25 of course, in which youths if they are under age and  
26 approaching a doctor or psychiatrist, they have to get  
27 parental consent because many times the sources are in  
28 the home or with the parents and thereby by going  
29 through this other direction, if they could go to such  
30 a drop-in centre anonymously and perhaps they could be



1 with their parents, maybe at a future date  
2 if this is desirable. But at the present time I would  
3 suggest such a situation as a practical thing in our  
4 society. Of course, to reiterate parent education,  
5 because many of the -- if we go into the educational  
6 system, because -- as it does need revamping, I suggest  
7 we finally develop a habit of listening -- I listened  
8 for hours -- and in this way, if we would listen to many  
9 in this case, many who have spoken here and the diffi-  
10 culties that they have in this area, many who have not  
11 spoken. Thank you, Mr. Chairman.

12 THE CHAIRMAN: Gentleman at the back of  
13 the room.

14 THE PUBLIC: Yes, I would just like to  
15 speak of the concept of the drug problem, and its relationship  
16 to the system, and the concept of re-educating people  
17 away from the use of drugs and leaving the rest of  
18 society the way it is right now, and I think that is a  
19 bit of an impossibility, because the reasons why people  
20 use drugs are because they feel oppressed in our society  
21 and they cannot find creative expression within the  
22 social group that we all belong to, so we all join a  
23 sub-culture and we opt out of society. Now, I haven't  
24 opted out all that much because I am a grad student and  
25 I want to go through problems in that sense. I want  
26 to go through both worlds, and I am a social scientist  
27 so I observe the world, and as I travel around observing  
28 the world stoned, I get more oppressed, I feel, so to me  
29 drugs are no solution. They just heighten the problem  
30 and I don't think any solution to any alienation in our



1 society will come a out until a real revolution of  
2 consciousness comes about, which won't be brought about  
3 by drugs but which will be brought about by changing  
4 all of the relationships in society; so that there is a  
5 Commission of appointed men to find out the problems that  
6 are alienating us, but we ourselves can go out and  
7 try to solve these problems, and I think this Com-  
8 mission can only come up with partial solutions to  
9 a problem that we the people must solve ourselves.

10 Thank you

11 THE CHAIRMAN: Dr. Rush, did you want  
12 to say something?

13 DR. RUSH: This is part of my hang-up,  
14 I can't talk to the backs of people's heads. I don't  
15 want to comment on comments, but I was almost badly  
16 tripped by what this clerical gentleman said. I think  
17 it certainly would be a bummer to do things to people's  
18 minds to expose them to hostilities, to where they would  
19 break down under any circumstances, drugs or not, although  
20 I understand the approach that was taken, but I couldn't  
21 help but comment on that, however, specifically, but  
22 it does get in to one thing which I feel I must say, and  
23 that is that we must avoid doing things to people in the  
24 name of doing something "for" them. And I think my  
25 comment was directly on the educational situation. One  
26 of the best comments I ever heard on education was from  
27 Father (Von Payne), who is a counsellor revolutionary,  
28 who is at San Diego, and he said that in his opinion  
29 a professor of faculty, person, teacher should be a  
30 senior learner or a master of ceremonies,  
and I like the senior learner role and I never





1 enjoy a seminar or a situation unless I learn something  
2 from it myself, so I think we have to take into account  
3 what we can learn from drug users. We have comments of  
4 what we should learn from young people, but I don't want  
5 this to be just a panacea, that we go through a community  
6 meeting. It is like an intellectual sauna bath where we  
7 put a -- shower one another with words, and then dive into  
8 the ice cubes and we all feel better. One thing we found  
9 in communications between young people and their parents  
10 is that drop-outs and their parents found there were many  
11 areas, in fact, where they couldn't talk. We have ques-  
12 tions that were structured, "Have you talked?", "Can  
13 you talk?", or "Can you not talk to your parents, or to  
14 your teenagers?" and we found that there was a higher  
15 proportion of drop-out parents and the drop-outs who  
16 who couldn't talk to one another, who had talked to us.  
17 Also there was a lower number who said they couldn't talk.  
18 Now this might be just taking up the slack from the first  
19 category, but there was also a high number of people, much  
20 higher than the number of people who are still in school who  
21 said they can talk. I think this is all right, after all  
22 there are many things in our society that we can't talk  
23 to people about; these people of course, we understand,  
24 have a limited understanding. I think it is a very  
25 healthy attitude to realize that there are  
26 some things we cannot know about; people who are qualified  
27 to discuss, or what they are not qualified to  
28 understand. I think what we do in the educational sense  
29 should not be related to our goals, but rather related  
30 to broader goals where we pay a lot of lip service, that  
it is good to know and to understand. Why don't we just



1 leave it at that without trying to turn learning into  
2 some pragmatic use. One of the problems in our society,  
3 I think, is that we try to make too much use of too many  
4 things, and alter our relationship to those things in  
5 that process.

6 MR. MESSENGER: I agree with you, but  
7 is this not what education is? And I think, unfortunately,  
8 we will not get into that very quickly and I think that,  
9 from Mr. Lehmann's point, this will take a great deal of  
10 time, and in essence there has to be this long term fight  
11 of the individual himself.

12 DR. RUSH: Well, I think that sometimes  
13 I see myself as a revolutionary, and of course all  
14 revolutionaries have Utopias, and I am practical enough  
15 to know that Utopias can't exist and from a theoretical  
16 point of view they can't exist either, but my point  
17 would be, the ones who gain the most from education are  
18 the ones who gain the most from it and they should deter-  
19 mine most of what goes into it.

20 THE CHAIRMAN: I think I should call  
21 now on a group of gentlemen who have a brief to present,  
22 and I would like to thank Mr. Messenger and Mr. Lane  
23 very much, and again, Dr. Rush, for this contribution  
24 tonight.

25 The gentlemen I wish to call upon now  
26 are Mr. Brian Campbell, John Hill, Jerry Reed, and this  
27 lady, I think, Donna Watt, to present a brief to this  
28 Commission. Do we have enough chairs? Who is to present  
29 the brief? Miss Watt?

30 MRS. WATT: Mrs. Watt.





1 THE CHAIRMAN: Would you like to identify  
2 your interest and your group.

3 MRS. WATT: Mr. Chairman and Commissioners,  
4 I'm speaking on behalf of myself and three other former  
5 employees of The Narcotic Addiction Foundation of  
6 Greater Vancouver. I am Donna Watt, a social worker.  
7 The others are Mr. Brian Campbell on my right, a former  
8 Research Director with the Foundation; Mr. Jerry Reed  
9 on my left, former Supervisor of Education, and Mr. John  
10 Hill, a psychiatric nurse formerly with the Foundation,  
11 is unable to be here tonight. I would note that we  
12 represent four different disciplines. For those who  
13 were not in the audience this morning, I would add the  
14 Narcotic Addiction Foundation made a presentation at  
15 that time, and we understand, also submitted a brief  
16 suggesting that they receive additional moneys for work  
17 in the field of hard narcotic drugs.

18 This morning we made a brief statement  
19 to which we are going to elaborate upon.

20 It is perhaps only proper to begin our  
21 brief with some general statements concerning our over-  
22 view of the problem that we have set ourselves in this  
23 brief. Our presentation for the most part will con-  
24 centrate on the non-narcotic drugs, and in particular  
25 that drug referred to as cannabis sativa or marijuana.  
26 It is our opinion that the recorded extensive use of  
27 marijuana, both in the research literature and through  
28 personal opinions of those who fancy themselves experts  
29 in the field, indicates an intensity of use only paral-  
30 leled by alcohol, barbiturates and amphetamines. We



1 recognize that the difference between these drugs is  
2 great physiologically, psychologically and sociologically.  
3 However, on this basis of extensive use alone, we feel  
4 that any attempt to explain or compare the use of mari-  
5 juana with the illegal hard narcotics is unreasonable  
6 and indefensible. The problem in its current manifesta-  
7 tion is contemporary and any proposed solution to it  
8 must also be contemporary. This brief will concentrate  
9 a great deal of its energies in refuting the presentation  
10 made by the Narcotic Addiction Foundation, and will  
11 secondly, make some recommendations in connection with  
12 the present situation, which some prefer to label a  
13 problem or crises. There are two main reasons for  
14 spending time on the Foundation Brief. First, in a very  
15 important way, the drug problem and the Narcotic Associa-  
16 tion Foundation are synonymous. (Applause)

17 Secondly, all the signatories to this  
18 brief have previously worked at the Narcotic Addiction  
19 Foundation and are familiar with its policy and mode of  
20 operation. We would have preferred to make a more  
21 lengthy brief, but time will not permit. We are however  
22 prepared to submit a more lengthy brief at a later date  
23 if it would be deemed useful by this Commission.

24 There are three main points that should  
25 be pulled from the NAF brief and subjected to further  
26 scrutiny. First is the notion of drug progression that  
27 they have been using as the main pillar in their plat-  
28 form for additional funds in this self-proclaimed  
29 emergency situation. Second is the whole tenor of their  
30 brief and the language that is used, which we think could



1 be safely described as emotion laden and hysteria provoking.  
2 Third is the lack of discussion in any kind of detail  
3 over their proposed use of the additional funds. How-  
4 ever, we can gain notions about how they see the problem  
5 from their budget allocations for staff.

6 First, the evidence upon which they base  
7 their claim that a new type of drug addict is emerging  
8 constitutes approximately one-half of their total new  
9 intake for the first six months of this year. It should  
10 be obvious to almost anyone that this sample is neither  
11 typical of the whole population, of the population of  
12 marijuana users nor even of the population of heroin  
13 addicts. In other words, the sample has been pre-selected  
14 by virtue of the fact that addicts have gone to the  
15 Foundation for assistance. This does not allow for  
16 generalizing to the majority population of drug users  
17 or marijuana users. The studies that have found some-  
18 thing called drug progression have invariably used  
19 institutional samples. Estimates of the number of  
20 marijuana users in Vancouver district high schools has  
21 varied in the last few weeks between 20% and 40%. Using  
22 this minimal figure over a population of approximately  
23 60,000 students would mean that there are at least  
24 12,000 high school students who have at some point used  
25 marijuana. This figure, of course, does not include  
26 either the university or the non-student users. At this  
27 point in time, the Foundation can only say that out of  
28 this tremendous number of users, 45 in the last six  
29 months have come to the Foundation to be withdrawn from  
30 heroin, who have also used other drugs previously. The





1 term multiple drug use is unclear in that the reader of  
2 the brief has no notion whether this 45 have used all  
3 the non-narcotic drugs before using the narcotics, or  
4 only a few, and if so, which few. What percentage of  
5 this 45 used drugs other than marijuana and how many of  
6 them used barbiturates, amphetamines or alcohol is left  
7 up to the readers' imagination.

8                   On page two of the brief we read that  
9 60% of the new intakes for the month of July have a  
10 history of extensive involvement with multi-drug usage  
11 prior to their heroin use, and yet in Case 8, an example  
12 of someone starting on multi-drugs and proceeding to  
13 heroin, his drug use takes place in a time period  
14 extending over four days. What are we to take as  
15 extensive or previous drug use? On page three, the  
16 second sentence is also unreliable especially since we  
17 are not told what population is being talked about and  
18 what is the rate which the 2.7 and 5.7 figures are  
19 multiples of. These figures sound spectacular and are  
20 meant to frighten, but by themselves are meaningless.  
21 The case histories do not provide the same information  
22 for each case so it is difficult to compare them, but  
23 in at least four of the ten case histories some involve-  
24 ment with alcohol has been noted. Also from the case  
25 histories, we see that five of the ten people discussed  
26 did not continue treatment for any length of time and  
27 two of these five did not continue beyond the intake  
28 program.

29                   A broader question at this point would  
30 very simply be whether or not the NAF is capable of or



1 should be allowed to continue doing research. It is the  
2 experience of the research member of this group as well  
3 as others who have done research with the Foundation  
4 that there is continual administrative interference with  
5 the researchers and with the research projects. Research  
6 should be carried out by a group who have no investment  
7 in the results of the research. Evaluation programs  
8 of an institution's own program from within the institu-  
9 tion meet with opposition from members who are committed  
10 to carrying on the current pattern. In addition to this,  
11 the Foundation bases its policies and press releases not  
12 on the basis of research and intelligent dialogue  
13 among its staff but rather on the basis of a moral  
14 position which it assumes when it states "that man should  
15 not use mood-changing drugs". Whether or not the in-  
16 dividual should use drugs is quite apart from the fact  
17 that drugs are now being used in tremendous quantities  
18 and apart from the fact that only some of these are  
19 illegal. Although this point will be discussed later  
20 in the brief, it should be mentioned that defining a  
21 large section of the population as engaging in immoral  
22 behaviour is hardly conducive to a free and reasonable  
23 dialogue about drugs. We would like to affirm our  
24 belief that a tremendous amount of research is necessary  
25 in the whole field of drugs. However, we feel that the  
26 research should be directed to physiological effects,  
27 sociological studies on the nature and meaning of drug  
28 use in a number of different settings, and the effects  
29 of the laws in influencing peoples' behaviour. Some  
30 studies have already shown that not only are the drug





1 laws differentially applied, but the court procedures  
2 and sentencing as well as the effects of sentencing are  
3 differential according to a number of socio-economic  
4 indicators as well as physical appearance.

5           The second major point that we want to  
6 explore and which has been briefly alluded to is the  
7 whole attitude of the administration of the Foundation  
8 in its public statements and educational program. The  
9 tenor of the statements made by the Narcotic Addiction  
10 Foundation has the result of producing in the public  
11 a reaction which inhibits any meaningful communication  
12 between drug users and those who are concerned with  
13 drug use, especially concerned parents and experimenting  
14 children. Given the hysteria which is found in the  
15 Foundation statements and reflected in the community,  
16 people become unable to discuss or act with any sense  
17 of perspective. The Foundation brief affords us a good  
18 opportunity to point out what we mean. It is phrases  
19 such as: "casualty rate from progression", "emergency  
20 situation", "immediate remedial action", "the coming  
21 of a new breed of heroin addicts", "the NEW TYPE ADDICT"  
22 -- in capital letters -- and "the precarious control of  
23 narcotic addiction" which inflame a subject that is  
24 already overly controversial. The NAF has a core group  
25 on its Board of Directors that has not been added to for  
26 a number of years and that is mainly punitively oriented.  
27 Is it then any wonder that the Foundation sees this as  
28 a crusade, with no regard to the number of individuals  
29 who become defined as criminal, deviant, immature, weak,  
30 etc.



1                   The Foundation tends to forget that the  
2 people who use drugs have access to a great deal of users  
3 knowledge concerning the effects, quantities and dangers,  
4 etc. In other words, you are dealing with people who  
5 have a specialized knowledge and it is important that  
6 whatever information that is available on drugs should  
7 be believable to them and not go contrary to all that  
8 their common sense knowledge tells them, unless, of  
9 course, it is the result of rigorous laboratory experi-  
10 mentation into the physiological effects of use. The  
11 plain and simple fact is that the Foundation has sepa-  
12 rated itself from drug users by a barrage of rhetoric  
13 and moral righteousness.

14                   To summarize the section on education,  
15 preaching is not an effective educational tool. It is  
16 absolutely necessary to achieve some sort of credibility  
17 with the drug users of today in order to be able to  
18 disseminate information to them which can be seen as  
19 reliable, and to maintain open communication with drug  
20 users which will give access to their knowledge on drugs.

21                   The final problem we wish to discuss in  
22 relation to the brief is the treatment model. Although  
23 it isn't spelled out for us in their recent brief, it  
24 can be seen from the staff that they are requesting that  
25 they see the problem in the same way that they view the  
26 treatment of heroin addicts. Only three of the thirteen  
27 staff requested are for educational work while the rest  
28 are in some sense involved in treatment. The emphasis  
29 being placed on psychiatric services would indicate  
30 that the Foundation wishes to view multi-drug use as a



1 problem which requires individual correction and rehabi-  
2 litation. This is sheer fantasy when you consider the  
3 number of people using the non-narcotic drugs. We have  
4 already mentioned that five of the ten people in the  
5 case histories presented stayed at the Foundation for a  
6 very short time. It is apparent then that the treatment  
7 is not seen as useful by a large group, if the case  
8 histories are to be seen as representative. The Narcotic  
9 Addiction Foundation maintains a regular office day  
10 which runs contrary to the daily schedule of most addicts  
11 but steadfastly refuses to change. We feel that this is  
12 an indication of the kind of intolerance and inflexi-  
13 bility which governs the Foundation's relationships with  
14 both its treatment population and the general population.

15 Our recommendations include the following:

16 Number one, that the Narcotic Addiction  
17 Foundation not be given the requested money but that a  
18 similar amount be made available to new organizations  
19 and individuals. Number two, that the present research  
20 and educational facilities be withdrawn from the Nar-  
21 cotic Addiction Foundation. Number three, that the  
22 present Board and administration of the Foundation as  
23 well as its policies be subject to closer government  
24 and expert scrutiny. Number four, that non-moral and  
25 factual information be made available on all facets of  
26 drug use. Such presentation must include the whole  
27 picture of drug use and not just that portion which,  
28 presented with an air of objectivity, will dissuade the  
29 population from using drugs. The birth control hand-  
30 book currently being sponsored by a number of university





1 and student bodies and distributed on the campus is a  
2 good example of this kind of presentation. When the  
3 information connecting LSD and genetic defects first  
4 came out, there was a drop in the street use of LSD. The  
5 educational policy then has to reflect a less cynical  
6 attitude to human nature than has been the case with the  
7 Foundation. Number five, that research be done by  
8 providing funds to universities, private research organi-  
9 zations, and other individuals who are qualified. This  
10 research is to be conducted separately from any educa-  
11 tional or treatment programs that an institution might  
12 carry on. Number six, that indigenous workers be used  
13 in drug education and that houses similar to Cool-Aid in  
14 Victoria be established and manned mostly by young people.  
15 The X-Kalay program is another experiment in this area  
16 which is worth investigating.

17 It is not our intention to create an  
18 image of drug use that is attractive any more than we  
19 wish to allow the Foundation to perpetuate horror stories.  
20 Drug use does not deserve glorification in either way,  
21 and it is best accepted in as insightful a way as possible.  
22 Putting aside stereotypes is the best contribution that  
23 can be made by the Commission at this time.

24 Thank you.

25 THE CHAIRMAN: Thank you, Mrs. Watt.  
26 Are there any questions or observations by the Commission  
27 or others?

28 DR. LEHMANN: I should just like to  
29 clarify your statement about -- or rather, the doubts  
30 that you throw with great emphasis on this concept of



1 the new type of addict or new addict type. You feel  
2 that this is some sort of an artifact and doesn't really  
3 exist, or if it does, it isn't a very important one.  
4 Am I right in assuming this?

5 MR. CAMPBELL: Yes, I think very much  
6 that the -- the term, "multiple drug" or the "new type  
7 addict" is an artifact of the Foundation Research  
8 program. I was very interested this morning that after  
9 the Foundation made their brief, a number of the young  
10 people that stood up to talk -- well, not just young  
11 people, a number of people that stood up to talk about  
12 drug use identified themselves as multiple drug users.  
13 I would like to say, it seems to me it would be more  
14 valuable that they could identify themselves as indivi-  
15 duals or as humans, rather than having it applied for  
16 them, but having it put to a process where they can  
17 accept the labels that have been applied to them. Now,  
18 the evidence that the Foundation has presented in the  
19 first brief, not the brief that was presented this  
20 morning, but the frist brief that was presented to the  
21 Commission, is such -- the research pool that they used,  
22 the number of people they used was so small and it was  
23 drawn from such a selected population that it seems to  
24 me you can't make the statement about the new type  
25 addict unless you are talking about the new type addict  
26 that walks through the door of the Addiction Foundation  
27 and that's about as far as you can carry that research  
28 statement.

29 GROUP MEMBER: The thing that bothers  
30 me about a statement like that is, I wonder about the





1 old type addict stereotype. I think for a long time in  
2 the feild of drug dependency, and if we are talking  
3 about heroin use now, we have been operating as, the only  
4 people who lived on skid row and were pushers and were  
5 involved with the Mafia and beat little kids if they  
6 came around the corner from school, were the stereotype  
7 of the heroin addict. I don't think that that indicates  
8 that is the case either.

9 MR. CAMPBELL: Could I just add two  
10 things that came out of this morning's discussion?  
11 That I think, you know, should be added, that we didn't  
12 have in our brief. And that is, when the Foundation  
13 was making their submission they were talking about --  
14 in the second phase of their presentation, they were  
15 talking about an education program that would give all  
16 the facts about drug use, an objective type of education  
17 program, but all the way through that submission they  
18 were talking about an objective type education program  
19 on drug dependency, and I would like to point out an  
20 objective type of education program would be drug use  
21 not drug dependency. And secondly, it would include  
22 problems of dependency, but it would be oriented to  
23 facts about drug use is what I mean. And secondly, when  
24 I got up to ask questions to clarify the statistics  
25 that were presented, I wasn't doing that in order to  
26 embarrass or attack, but it seemed to me that the  
27 person who was making the presentation was not equipped  
28 to in fact defend or interpret statistics. It should  
29 have been somebody that was familiar with research that  
30 was presenting research information, and I think that in



1 | itself is indicative of the way research information is  
2 | handled by the Foundation.

3 |               DR. LEHMANN: One other question: You  
4 | mentioned towards the end of your brief that -- where  
5 | you imply or you state that the Research Foundation  
6 | speaks of immoral conduct. Do they do that in their  
7 | brief or is it implied or do you -- do you just simply  
8 | sense that philosophy or ---

9 |               MR. CAMPBELL: Perhaps you ---

10 |              GROUP MEMBER: I think we probably imply it,  
11 | that is probably the fairest answer I can give to the  
12 | first part of that, and the reason it is implied is  
13 | because the Foundation's policy, and it apparently feels  
14 | some obligation to state a particular stand, vis a vis  
15 | drug use. When I was there, I had difficulty just getting  
16 | across or just trying to get across that we should be  
17 | talking -- making separate statements about drug use  
18 | and drug abuse, because not all use was abuse. But at  
19 | any rate, the commitment of the Narcotic Addiction  
20 | Foundation to maintain a position which says, "man  
21 | should not use chemical comforts", that is a moral  
22 | position. Now, there are many moral positions, that  
23 | I realize we support publicly.

24 |              DR. LEHMANN: This is accepted by them  
25 | as a policy?

26 |              MR. CAMPBELL: This -- we perhaps  
27 | inferred it from this brief, but from other briefs,  
28 | and perhaps the audience recalls two years ago when  
29 | the marijuana thing first broke open and the Police  
30 | Department discovered ten drug users in one of the high



1 schools, that a folder was sent home with every child,  
2 and virtually every place in the city was plastered with  
3 yellow sheets sent from the School Board with information  
4 provided by the Foundation on marijuana and LSD, and on  
5 that information sheet it stated the Narcotic Addiction  
6 Foundation's policy that man should not have to resort  
7 to chemical mood-changes or chemical comforts and cer-  
8 tainly in our Foundation discussions this was always  
9 reiterated as a basis from which we arrived at any other---

10 THE CHAIRMAN: Mrs. Watts, on page four  
11 of your brief, you say some studies have already shown  
12 that not only are the drug laws differentially applied  
13 but that court procedures and sentencing as well as the  
14 effects of sentencing are differential according to a  
15 number of socio-economic indicators as well as physical  
16 appearance. What are those studies? Could you tell me  
17 what studies you are referring to there?

18 MR. CAMPBELL: There are two different  
19 areas of studies. First of all, there is one area of  
20 study that indicates that laws generally are differential-  
21 ly applied and I could refer you to Jerome (Skolnik's) book,  
22 "Justice without Trial", or a smaller paper by -- I  
23 believe again it was Jerome (Skolnik) in co-operation  
24 with (Schwarz); I'm not sure what his first name was,  
25 where there were two cases of legal stigma where they  
26 compared the differences between a doctor being arrested  
27 and sent to court for some sort of misdemeanor within  
28 his occupation, and another individual who was arrested,  
29 and I can't remember what the charge was, and anyway  
30 it turned out that in fact the doctor's practice improved





1 because other doctors sent him patients to sort of --  
2 to compensate for the fact he might lose business, whereas  
3 in terms of somebody who had a nine to five job, he could  
4 get a job because he had a nine to five record. So there-  
5 fore there are accepted studies. I could also refer you  
6 to Aaron (Sikerall), I cannot remember specific names,  
7 but he has done work in this area also. Now, in terms  
8 of studies pertaining directly to drug use, there has  
9 been work done in California -- unfortunately, I brought  
10 the wrong folder tonight with my references in it --  
11 dealing mainly with the drug laws, but also I think if  
12 you just spoke to a number of people who have been  
13 arrested for drug use and find out where they had been  
14 picked up when they were arrested, and what kind of  
15 background they came from, you will find that a very high  
16 proportion of people picked up on drug charges have a  
17 particular kind of physical appearance and circulated  
18 in a particular area of Vancouver, and in fact you will  
19 find that several arrests have been made, and I  
20 think there have been three or four, very few have been  
21 made in the middle class, and Garry Rush mentioned this  
22 in terms of the North Shore, that people over there do  
23 not really feel that drugs hold a pressure on them, you  
24 then begin to see that in fact these laws are not equally  
25 implied, and in terms of trials, the other day, a faculty  
26 person from the University was in court. He had been  
27 arrested for growing 2,000 marijuana plants in his back-  
28 yard and I want to make it perfectly clear, you know,  
29 per se, I have nothing against that, but he was given a  
30 \$500.00 fine and a one year prison sentence, whereas



1 people that have been caught with, you know, some mari-  
2 juana in their pocket, and looking over any of the police  
3 reports you can see this, any of the police reports and  
4 court cases have gone sentences ranging from one month,  
5 six months, a year, and what they get in probation  
6 depends to a great extent on their family background  
7 and it depends on whether the court thinks we have come  
8 from a strong family background or the court thinks we  
9 are integrated well enough into the rest of society.

10 THE CHAIRMAN: But these are general  
11 opinions you are expressing but are there no facts to  
12 document this?

13 MR. CAMPBELL: I have ~~the impression there~~  
14 ~~are some~~ and I will check when I get home, but I  
15 believe there are some from the States.

16 THE CHAIRMAN: Can you name some?

17 MR. CAMPBELL: I can't off hand.

18 THE CHAIRMAN: Professor Bertrand.

19 PROFESSOR BERTRAND: We were discussing  
20 Alex(Gigeroff's) study, mostly on sexual offenders in  
21 this case, not especially on drug users, which study  
22 shows very well that discrimination as to the social  
23 class or social status of the person, the person's sex,  
24 really appears in court.

25 THE CHAIRMAN: Lady at the back of the  
26 room.

27 THE PUBLIC: I would like to make a  
28 second appearance. I can't resist this, because John  
29 Munro, when he was on television, he was on television  
30 twice this spring, in this matter. It was a panel, and





1 I believe there was a criminal lawyer on the panel, and  
2 he brought up the question about punishment, imprisonment,  
3 or etc., and he said that in cases of marijuana it was  
4 most unequal, that the majority of the people who were  
5 caught and punished were students or hippies, voiceless  
6 people in a way. There is the adult population, in a  
7 way, which it's generally admitted, there is a large  
8 amount of marijuana usage, generally were not caught,  
9 and The Honourable John Munro admitted that. He said  
10 the adults in their defended community, if they want  
11 to go on Sunday and drink at their club, they can, there  
12 is no problem, and he admitted generally the laws were  
13 most unequal and applied to powerless people and I think  
14 it is well known in Canada that imprisonment for poverty,  
15 it is called. Now, if you have the money, you don't go  
16 to jail. If you are poor, you go to jail because you  
17 don't have the money, so I think what Mr. Campbell says  
18 is well vindicated right here in Canada. Thank you.

19 THE CHAIRMAN: Professor Bertrand,  
20 excuse me for a moment.

21 PROFESSOR BERTRAND: May I ask a question  
22 of the lady who has just talked? Since you mentioned  
23 that, I think, you think that not only teenagers are  
24 being, let us say, involved in this drug situation, would  
25 you have any evidence, could you help us, try to assess  
26 the scope of the same situation with regard to so called  
27 "normal adult people". I mean we are being told privately  
28 many, many times per day, that you know, middle class  
29 people, adult people, well-to-do people, also use drugs,  
30 and we never come to grips really with the effects, I mean



1 the dimensional aspects of this situation.

2 MR. CAMPBELL: If I could add a word  
3 to that, when I was with the Foundation I received a  
4 \$2,000 grant to do research into what I call "normal  
5 deviants" in which we were going to -- in other words,  
6 it was oriented to professional and business users of  
7 drugs. Now, since I left the Foundation, or since the  
8 Foundation left me, I am not sure whether in fact that  
9 kind of sample has been used in this research project  
10 but if it has, then the Foundation should have something  
11 to say to that on a later date.

12 THE CHAIRMAN: Excuse me, did the lady  
13 at the back of the room wish to answer the question?

14 THE PUBLIC: Yes. I presumed you wanted  
15 me to give you an answer. I know a number of adults who  
16 smoke marijuana and take LSD but because of the reprisals  
17 that are enacted in our society, I don't think that they  
18 would care to make an appearance here. That is why I  
19 feel that--(applause).

20 PROFESSOR BERTRAND: Well, perhaps we  
21 could say we are a bit less courageous or less frank  
22 than the young people who have made an appearance before  
23 this Commission.

24 MR. STEIN: The other point to be made,  
25 and this is reiterating something that was said before,  
26 and that is that we are prepared to take evidence in  
27 private, we are taking evidence in private and we can  
28 give the protection of The Canada Evidence Act. The  
29 point, I think, that Professor Bertrand is making is  
30 that we have been getting a tremendous quantitative amount



1 of evidence from the young people who are involved in  
2 using illegal drugs and they are appearing both publicly  
3 and in private. We are getting a much less overt and  
4 open response from the older persons. I think we under-  
5 stand this but we are, in effect, asking for some break-  
6 through, if that is what it has got to be in this com-  
7 munity, in this community, particularly in Vancouver --  
8 this is where I am located -- to try and get some direct  
9 assessment of this, because it is a very important  
10 aspect of what we are trying to look at. We are not  
11 just interested in trying to get the youth involvement,  
12 we are also interested to determine as accurately as  
13 possible, given the legal climate, the extent of the  
14 adult, middle class, use of these drugs.

15 THE PUBLIC: Could I speak to that again,  
16 because as an adult, as an older person, I can under-  
17 stand why adults can't do what young people can do.  
18 Young people are more courageous and they haven't been  
19 brought up in the tradition that you don't question  
20 authority and you don't break the laws; you know, when  
21 you do, you are very careful about it. But the young  
22 people are young and they have the opportunity, even if  
23 they have a job, they have a far greater opportunity of  
24 getting another job. Now, people over forty-five who  
25 lose their job because of the interest, because they  
26 appear to have said something of marijuana and LSD use,  
27 would have practically no hope, so we have to be  
28 realistic about this, and I admire the courage of young  
29 people and I am for them all the way, but we have to  
30 understand why older people simply are not appearing





1 because, you know what it is like trying to get a job,  
2 you know, sometimes even if you are over thirty-five.  
3 But I asked the people I know to get in touch with you  
4 privately and I am hoping that they will because I have  
5 said how tremendously important this is because, you  
6 know, it could be you or me who is in jail, and we must  
7 have the courage to stand up and try to do something  
8 about the people who are in jail or the people who may  
9 be in jail tomorrow. I am just horrified by what is  
10 going on in this witchhunt. So, as I was saying, the  
11 preponderance here is young people certainly, but as I  
12 understand from articles -- well, Macleans had an article  
13 a few months ago, and -- who was it -- somebody on the  
14 C.B.C. was saying -- Munro was saying, "Can we have  
15 anybody who is a marijuana user on the Commission?"  
16 Well, Munro said, "No, of course not, but you might be"  
17 so -- well, he is a well known personality who was on  
18 the show. He said, "How do you know that I'm not taking  
19 marijuana?" and, you know, nobody could say, but he  
20 couldn't appear on the Commission if he said he took  
21 marijuana or LSD, so this shows, you know, under what  
22 difficulties your Commission is operating.

23 THE CHAIRMAN: Excuse me, there ~~was~~ is no  
24 such condition imposed upon any member of the Commission.

25 The gentleman at the microphone.

26 THE PUBLIC: I wonder if someone who is  
27 able to communicate well would be able to perhaps let us  
28 share in a personal drug experience. I think most of us  
29 could benefit from this since we know so little about it.  
30 We talk in terms of pleasure, certainly when you come



1 back from a trip to a faraway country you don't just  
2 say, "Well, that was nice", or "That was good", or "That  
3 was pleasurable", you talk about some of the things that  
4 happened, and, you know, the experience can be very great  
5 or very poor, depending upon, I suppose, the individual.  
6 Now, I wonder if somebody would be willing to share this  
7 experience?

8 THE PUBLIC: I'm not going to relate an  
9 experience. I suggest that you read, Beaudelaire,  
10 Cocteau, Oscar Wilde and other literary geniuses and  
11 get their opinion of it.

12 THE PUBLIC: Yeah, well that sounds good.

13 THE PUBLIC: May I make a statement about  
14 the original subject that was brought up concerning the  
15 legal aspect of people brought before the law, and their  
16 appearance. I have been convicted of possession of  
17 marijuana and when I was brought to trial my lawyer  
18 advised me to cut my hair and wear a suit and tie and  
19 try and minimize before the court the fact that I had  
20 broken the law and minimize the fact that I smoked  
21 marijuana, and I disagreed with him, mainly because I  
22 felt that to do this I would be reaffirming to the court  
23 their opinion, their possible opinion of the righteousness  
24 of the law as it stood. I felt to try and minimize the  
25 fact that I had broken the law was only telling the court  
26 that the law is right as it stands. I'm trying to minimize  
27 the fact that I break the law. I think my appearance  
28 as it is now is such that I want to identify myself as  
29 definitely one person who does these drugs, so this is  
30 obvious to people and obvious to society that the laws



1 as they stand now are not right.

2 I also feel that the available medical  
3 testimony regarding marijuana dates back as far as 1893,  
4 the Indian Hemp Drug Commission. The U.S. Army did a  
5 report in Panama, and you have a report in New York in  
6 1937 and 1938 which took place over four years, and it  
7 involved -- I read this report -- it involved many  
8 psychologists, doctors and psychiatrists, and it was a  
9 very comprehensive study. I think every study I have  
10 ever read on marijuana, came to the conclusions that  
11 marijuana is good, it causes no detrimental medical  
12 effects on a long term or short term basis, it doesn't  
13 cause psychological or physiological dependence, etc.

14 I also feel that the reason marijuana  
15 was originally made illegal was largely due to the  
16 efforts of the U.S. Treasury, Board of Narcotics  
17 Division. It's Commissioner, Harold Anslinger, in  
18 the 1930's and early 1940's had his agent, and himself,  
19 publish many pamphlets. These people spoke before many  
20 commissions at many universities and advertised in  
21 magazines and things like this through their writings  
22 and speeches that marijuana caused -- and I quote from  
23 one of their posters -- "murder, insanity and death".  
24 I think largely, as a result of this program by the  
25 U.S. Treasury Department, it has caused marijuana to  
26 be illegal. Also, the Commissioner at this time was  
27 the U.S. representative at the World Health Organization.  
28 I think largely through their efforts marijuana was  
29 largely made illegal. I don't think at the time they  
30 paid much attention to the medical testimonies that they





1 had available to them on marijuana, which stated that  
2 it was not medically detrimental to people.

3 THE CHAIRMAN: I think I should call  
4 now on Mr. Jerry McRee Elrod, Minister of the Unitarian  
5 Church of Vancouver, and thank Mr. Campbell, Mr. Reed  
6 and Mrs. Watt for their presentation, and we may later  
7 have time for those who are standing. There may be a  
8 further opportunity for you to speak.

9 MR. ELROD: I am here as the Chairman  
10 of the Social Action Committee of the North Shore  
11 Unitarian Church. My name is Mac Elrod. Next to me is  
12 Mr. William Monday, former minister and social worker,  
13 also a member of the committee, and further over, Mrs.  
14 Peggy Wood of the Vancouver Unitarian Church, a member  
15 of a sub-committee of that Church's committee on social  
16 responsibility. We are responsible to study marijuana.  
17 The Commission already has the result of every study  
18 made by that committee on marijuana and which resulted  
19 in a resolution. Despite Unitarian theology, the reso-  
20 lution began with a trinity of "whereases", the first  
21 being that, whereas marijuana is not a narcotic, the  
22 second, whereas the current laws against marijuana are  
23 creating an unnecessary class of criminals, and thirdly,  
24 whereas the disregard, the wide disregard of the law  
25 leads to the disrespect of all law; it is therefore  
26 resolved that -- it be recommended to the Federal  
27 Government that marijuana be transferred from control  
28 as a narcotic to control as Food and Drug, and then that  
29 it be controlled, a) either on the Federal level as  
30 nicotine is controlled, or b) on the provincial level as



1 alcohol is controlled.

2 This resolution went forward to the  
3 Canadian Unitarian Council which is the representative  
4 body of Canadian Unitarians and in slightly abbreviated  
5 form, was adopted. So it therefore can be said that it  
6 is the official <sup>stand</sup> of Canadian Unitarians that marijuana  
7 should not be considered a narcotic and should be  
8 controlled by Food and Drug.

9 Now, when we proceed beyond that, we  
10 are moving out of the area of which I can speak for all  
11 Unitarians or speak from a position that has been taken  
12 by all Unitarians. Beyond that we are in an area of  
13 attitude and opinion in which you have as great a  
14 variety among Unitarians as among any other group.  
15 However, there are certain -- there are three distinctions  
16 that have been borne out upon us as a result of the  
17 reactions to this and to our more recent brief to you  
18 which we would like to call to your attention, if we  
19 may.

20 The first is the distinction between  
21 what on the one hand is immoral or foolish, and what on  
22 the other hand is criminal. Many of we Unitarians are--  
23 many of us are "come-outers". The Minister of the  
24 United Church and ourselves are come-out Methodist,  
25 the neighbour to my right is a come-out Anglican. We  
26 regard alcohol as immoral and I still have this imprint  
27 upon me and I neither smoke nor drink. It does not  
28 follow from that that someone else who smokes and drinks  
29 should be criminal. That is, we are trying to say that  
30 because something is considered to be immoral is no



1 reason to consider it criminal. To take another example,  
2 let's say a gentleman who customarily takes the services  
3 of prostitutes and thereby contracts venereal disease.  
4 Some of us would conclude that this is an immoral act.  
5 Is he therefore to be put in prison or is it a more  
6 rational responsibility for him to go to a VD clinic?  
7 We think the equation between the criminality and  
8 immorality is an erroneous one and one that needs to  
9 be attacked. We are perfectly willing to agree with  
10 the Narcotic Foundation to the condition of mind-changing  
11 drugs to be considered immoral, but aside from that, that  
12 it should not be made criminal.

13           The second distinction that has been  
14 borne out upon us is a distinction that was made first  
15 by J. S. Mill, and as a distinction between an act which  
16 hurts a second individual, an act which does not hurt  
17 a second individual. And here we will expand the terms  
18 of reference to include heroin as well as marijuana.  
19 It seems to us that the prime function of law is to  
20 prohibit my hurting you or you hurting me, not to prevent  
21 me from hurting myself or you from hurting yourself.  
22 The logical extension of trying to prevent me from  
23 hurting myself by thou would be to impose the death  
24 penalty upon me for attempting suicide, which might be  
25 a simple solution for the problem.

26           But it is not, we would say, the business  
27 of law to reflect our morality, but rather to protect  
28 human life and human personality. As religious people  
29 we see the greatest good as being the human personality.  
30 The third distinction that we would like -- oh, by the





1 way, that second distinction, I would think, is in  
2 keeping with this -- a report of another Commission which  
3 I hope you have and sleep with it under your pillows,  
4 the Ouimet Commission. The second chapter, in particular,  
5 I think, could almost be taken over in toto as part of  
6 your report.

7                   The third distinction, is a distinction  
8 between the effects of drug use in society caused first  
9 by the use of the drug and second by the laws regarding  
10 the use of the drug. Now, take marijuana, for example.  
11 It seems to me that the effect on an individual of a  
12 sentence in prison is far worse than any effect of the  
13 use of marijuana upon him. In this case, we have not  
14 even approached the eye for an eye of the Old Testament,  
15 we are taking two eyes and a hand. Secondly, it seems  
16 to me that many of the ill effects that are attributed  
17 to marijuana are not the effects of marijuana itself.  
18 For example, marijuana leads to the association with  
19 criminal elements and therefore leads to heroin. Well,  
20 the reason one is associating with illegal elements  
21 when using marijuana is that we have made marijuana  
22 illegal. This doesn't seem to occur to us. Or, we  
23 talk about the very horrible effects on society of the  
24 crimes committed by the heroin addict to support his  
25 crime. Well, the reason he commits the crime is to get  
26 heroin because -- and the reason he must commit the  
27 crime to get heroin is because heroin is so expensive.  
28 The reason heroin is expensive is it is illegal.

29                   THE PUBLIC: Can I perhaps speak ---

30                   THE CHAIRMAN: Would you permit ---



1 MR. ELROD: Yes, sure.

2 THE PUBLIC: My name is Stephen Harris  
3 and I am from New York. I'm also the United States  
4 Assistant Attorney which means that I am a prosecutor  
5 regarding the United States. I have been written up  
6 many times in the newspapers here which I am looking at,  
7 particularly by Lorne (Parking), some columnist in your  
8 Province newspaper. In one instance he says that I am  
9 a New York lawyer who visits my relatives in Vancouver  
10 and who likes to midwife cats. Apparently ---

11 THE CHAIRMAN: Excuse me, I don't think  
12 we want ---

13 THE PUBLIC: This is not out of order,  
14 this is very much -- I have comments to make. I simply  
15 have to say this because this is what Lorne Parking said  
16 about me.

17 Apparently I am a cat man, and if I may  
18 quote his column again, "cooling". "Lawyers seem to stay  
19 calm. Harris phoned a doctor for advice and is now the  
20 foster father of five kittens." However, Parking continues  
21 and says that he doubts if I will take one of those  
22 kittens back to New York because I am a dog lover, in  
23 fact -- in fact, I do have, as he has printed in his  
24 column, a boxer called "Cassius Clay", and a black sheep  
25 dog called "John Diefenbaker", so obviously I won't take  
26 the kitten back to Manhattan. However, I did have  
27 another write up by Mr. Parking which I didn't really  
28 like, and it went like this: "When last we heard from"--  
29 myself,"a visiting American attorney, he was midwifing  
30 cats. Some while ago he was accosted by a nineteen year



1 old panhandler and after much ado, Harris", -- that is  
2 myself -- "laid a common assault charge against this  
3 panhandler. Last Saturday the fellow was arrested and  
4 tossed in the pokey. By Monday, a holiday, the case  
5 still hadn't come up." Incidentally, that was Thanks-  
6 giving Day.

7 THE CHAIRMAN: I think that is sufficient.

8 THE PUBLIC: No, no.

9 THE CHAIRMAN: I will ask you, please,  
10 to stop.

11 THE PUBLIC: No, no. This is not a point  
12 to stop at all.

13 THE CHAIRMAN: It seems quite ---

14 THE PUBLIC: This a point of going ahead.

15 THE CHAIRMAN: People have come here to  
16 listen to the people who are invited to come up and make --  
17 submit their briefs.

18 THE PUBLIC: I am going to make my  
19 comments in a moment.

20 THE CHAIRMAN: Comments on what?

21 THE PUBLIC: This man whom I had arrested,  
22 I bailed out. A quote from Lorne Parking's column,  
23 "This man should have appeared before a judge within  
24 twenty-four hours." Making him wait through a long  
25 week-end even if it wasn't Thanksgiving wasn't justice  
26 so I bailed him out. "Tuesday, lawyer Harris and  
27 myself appeared in court as an agent of the man he had  
28 accused and argued the charge should be dropped and it  
29 was."

30 Now, getting into drugs, getting into





1 drugs, if I may. I had an unfortunate experience in  
2 talking with the Paris Match newspaper in France  
3 regarding a young boy who killed himself here in Van-  
4 couver, who died on LSD and STP. I may qualify that  
5 SPP, but I will not qualify it, particularly because  
6 drugs -- drugs, to my mind, and I am, if you don't mind  
7 me telling you so, a United States attorney, which means  
8 that I am a prosecutor. To my mind that young boy, and  
9 I won't name him even though I have spoken to Paris  
10 and to New York about this situation, to my mind, drugs  
11 are a way of differentiating -- differentiating -- that  
12 is a hard word, isn't it?

13 THE CHAIRMAN: It certainly is under  
14 these circumstances.

15 THE PUBLIC: -- yourself from normality  
16 or from reality and I would strongly, strongly suggest  
17 that at this meeting this evening, that people who like  
18 to take drugs are strictly out of hand, they don't know  
19 what they are doing. Apparently my reception is not  
20 well received, not well received, and that everybody  
21 feels -- everybody -- and I think they are very, very  
22 wrong, wrong, wrong, wrong.

23 THE CHAIRMAN: Mr. Elrod.

24 MR. ELROD: Since there is only half  
25 an hour left I will skip my brilliant summation and  
26 content myself with what Pierre Berton has said, that  
27 drugs are a part of our society, they are -- tragedies  
28 are caused by drugs, including deaths, but this can  
29 also be said of the automobile, and that our reaction  
30 is not to make an automobile a crime, but to attempt to



1 control the tragedies as a complete result of the  
2 automobile. I'm perhaps then open to questions.

3 THE CHAIRMAN: Thank you. Any questions?

4 THE PUBLIC: Yes, just adding to that,  
5 a couple of years ago the Unitarian Church were running  
6 psychedelic services in the community, in the States  
7 also, and now, due to -- what  
8 I want to appear on, is the stand of the Unitarian Church  
9 -- is the Unitarian Church saying that marijuana use  
10 should not be an illegality.

11 MR. ELROD: The Canadian Unitarian  
12 Church does not speak for all American Unitarians, but  
13 Canadian Unitarians, and to make a plug here, I think  
14 Canadian Unitarians are in advance of their American  
15 agency. The Unitarian Service Committee of Canada ---

16 (Disturbance in audience.)

17 MR. ELROD: --- has the budget of the  
18 United States ---

19 THE CHAIRMAN: Excuse me. Would you  
20 please -- I am ordering you to leave this room. Now,  
21 please leave.

22 MR. ELROD: It is the position of the  
23 Canadian Unitarian Service Council that marijuana should  
24 be taken from the Narcotics Act and taken to the Food  
25 and Drug. This should be taken out of the felony class.  
26 Now, as to what regulation should surround marijuana  
27 after Food and Drug, it has taken the official position--  
28 My personal opinion is that the possession of marijuana  
29 should not be criminal, but that is my personal opinion.  
30 The Church has taken no official position. It has said



1 that it should not be a narcotic, it should be a narcotic  
2 drug.

3 THE PUBLIC: Thank you. Another thing  
4 in regard to the Unitarian stand on drugs --  
5 I'm not so sure that this is fallacy because I did not  
6 get it through direct lines -- I was told that a group  
7 of Unitarian ministers at a specific convention in  
8 San Francisco two years ago turned on LSD en masse. Is  
9 this true or false?

10 MR. ELROD: I had someone here who  
11 could speak to that a little bit earlier. Jack, could  
12 you speak to that?

13 This is Mr. Jack Lunsford who is the  
14 Youth Advisor at the Unitarian Church.

15 MR. LUNSFORD: The Unitarian Church in  
16 the States has adopted a policy for the legalization of  
17 marijuana. They offer counselling to this. At the  
18 San Francisco convention I don't know if they turned to  
19 acid, but I do know that the Unitarian Commission permitted  
20 this and I don't know if they went -- turned to marijuana.

21 MR. ELROD: I don't think this is the  
22 position of the Church. You see we submitted  
23 resolutions to a council, the C.U.C. in Canada, and when  
24 these resolutions are discussed and passed, I do not  
25 come in. In Canada the resolution came to the floor  
26 out of the Unitarian Church and was passed. A similar  
27 resolution was sent and that had been discussed and  
28 might have been passed, but we don't know that.

29 THE PUBLIC: Which brings out another  
30 point. Tim Leary and Allen Watson, and various colleagues





1 in that field, who are presently engaged in the  
2 spiritual discovery in New York; they are terming LSD  
3 as a holy sacrament and as in the case of peyote which  
4 is legally used as a holy sacrament by various sects  
5 tribes of Indians throughout North America, this is,  
6 pardon me, this -- it seems to be a valid point because  
7 I can see myself, as LSD being very -- having great  
8 potential for religious revelations about oneself,  
9 terrific insight which westerners might call, a mystical  
10 sort of sense because they are not used to speaking in  
11 terms that aren't one, two, three, or proven or disproven  
12 by theories like where they -- they would like  
13 to work with knowledge in the West, where wisdom is  
14 something that we quite often ignore here. I feel that  
15 this, I am sure this must be a broad case, and in many  
16 cases, these people have been religiously, actually  
17 discriminated against with the illegality of these  
18 psychedelic substances, because definitely with the  
19 research groups that research groups that have existed  
20 in the U.S. in religious settings, and non-religious  
21 settings, the subjects exposed to the drugs in a non-  
22 religious setting and regardless of the setting, have  
23 come back, and expanded these religious -- have talked about  
24 religious insights about themselves which they have  
25 never experience before, and I think in view of that,  
26 I think the laws concerning marijuana and LSD are also  
27 discriminating religiously in many cases.

28 MR. ELROD: The Unitarian Church comes  
29 basically from a realistic premise, but I cannot  
30 promise you an LSD trip next Sunday. We ---



1 THE CHAIRMAN: I'm wondering, Dr. Elrod,  
2 it's twenty-five to eleven, and we have had a very  
3 interesting evening. I think I'm going to adjourn the  
4 hearing now. We resume tomorrow at nine o'clock at  
5 Queen Elizabeth Playhouse. There is one other person  
6 who wished to submit a brief, *Abbotsford Ministerial*  
7 Association, I would be very glad, if possible, to hear  
8 that brief tomorrow, and I thank you all for your  
9 contributions to this hearing. Good evening.

10 --- Upon adjourning at 10:40 p.m.  
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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

October 31, 1969  
Noon Session,  
University of British Columbia,  
Vancouver, British Columbia.



COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman,
Ian Campbell,	Member,
J. Peter Stein,	Member,
H. E. Lehmann, M.D.,	Member,
James J. Moore,	Executive Secretary,
Marie-Andree Bertrand,	Member.

COUNSEL:

J. Bowlby, Q.C.,	Counsel for the Commission
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RESEARCH:

Dr. Ralph Miller

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

October 31, 1969,  
Noon Session,  
University of British Columbia,  
Vancouver, British Columbia.



1 --- Upon commencing at 12:25 P.M.

2 THE CHAIRMAN: Ladies and gentlemen,  
3 I call this hearing of the Commission of Inquiry  
4 into the Non-Medical Use of Drugs to order. We will  
5 be here until 1:30 and I first thank you for receiving  
6 us here and giving the opportunity to hear your views.  
7 We have now been in Vancouver for a day and a half;  
8 we have had four sessions of Public Hearings. I am  
9 beginning to have a feel for opinion here, and  
10 experience. I hope all of you have the extract from  
11 our Terms of Reference, but in case there are some  
12 who hadn't the chance, I'll just speak very briefly:

13 We were appointed by the Federal  
14 Government as an independent commission at the end  
15 of May this year and we are expected to make an  
16 interim report towards the end of this year and a  
17 final report in two years and we are asked to look  
18 at three important questions: the nature and extent  
19 of the non-medical use of drugs in Canada, the  
20 pattern of use, the drugs involved, relationship  
21 between them, if any and the different kinds of  
22 people involved. We are asked to look at the effects,  
23 the facts from the scientific and medical knowledge,  
24 and finally we are asked to look at the underlying  
25 causes, the personal, social and other factors and the  
26 general relationship of this phenomenon to our time,  
27 what things are happening in our society; then finally,  
28 to make recommendations to find out what the Federal  
29 Government may do alone or with other governments to  
30 reduce the dimensions of the problems involved in





1     this use.

2                     Now, I think we should proceed, in view  
3     of the short time at our disposal here. I should  
4     proceed at this time to invite Mr. Charles Kux to make  
5     the submission on behalf of the Law Students Association  
6     of the University. The submission, as I understand, is  
7     by W. Carey Linde, President of the Association, with  
8     the assistance of Mr. Kux who is going to present the  
9     submission.

10                    I should just add -- introducing the  
11   members of the Commission and the staff, on my far right,  
12   Dean Ian Campbell, on my immediate right, Dr. Heinz  
13   Lehmann and on my left, Mr. James Moore, Executive  
14   Secretary to the Commission, on his left, Professor  
15   Marie-Andree Bertrand of Montreal. On Miss Bertrand's  
16   left is Mr. J. Peter Stein of this city and our staff,  
17   tabled at left: Dr. Ralph Miller, Research Associate;  
18   Mr. John Bowlby, Q. C., our Legal Counsel and Mrs.  
19   Vivian Luscombe, our secretary on the Commission, and  
20   our Office Manager, Mr. Doyle and is around here somewhere  
21   assisting.

22                    I call Mr. Kux.

23                    MR. KUX: Firstly, I think I can read  
24   something appropriate considering that this brief is  
25   submitted by law students. It is from Lenny Bruce's  
26   book on how to Talk and Influence People: "Marijuana will  
27   be legal someday because the many law students who now  
28   smoke pot will someday become Congressmen and legalize  
29   it in order to protect themselves."

30                    THE CHAIRMAN: Can you all hear at the  
back?



1 THE PUBLIC: No.

2 MR. KUX: Are you hearing me now? Can  
3 you hear me?

4 Well, "Marijuana will be legal someday  
5 because the many law students who now smoke pot will  
6 someday become Congressmen and legalize it in order  
7 to protect themselves." We think that is fairly  
8 appropriate considering this brief is presented by  
9 law students.

10 Now, I would like you to know that the  
11 opinions and beliefs which are manifest in this paper  
12 are the result of discussions of the problem relating  
13 to the laws regarding marijuana with physicians, with  
14 the lawyers, parole officers, prison doctors, judges,  
15 numerous convicted offenders and an infinite number  
16 of daily offenders whose life style keeps them above suspicion  
17 of the law. We came to about seven main conclusions  
18 in our brief which are of course more fully explained  
19 in the brief itself.

20 Firstly, if -- and we stress the word  
21 "if" -- if there is a problem in society which can be  
22 related in any way to marijuana, it is a social problem  
23 and not a legal problem. From the people we have talked  
24 to, we have come to the definite conclusion that the  
25 use of criminal sanctions merely compounds this problem  
26 rather than does anything to alleviate it. We feel that  
27 there is some evidence for this, and one thing which  
28 we put forward is the very illegality of a substance  
29 like marijuana being an attraction to many of the young  
30 people who are, anyway, going through a period of their  
lives where they are very susceptible to any -- well to



1 anything which would be against the mores and the  
2 established values of the society. Actually, with many  
3 of the kids that we talked to, it is almost a game, it  
4 is a game of cops and robbers.

5 Secondly, in this regard, we feel that  
6 there is a very, very widespread use of marijuana; I  
7 think this is pretty well known, and it should be noted  
8 that with such a widespread use of marijuana, this in  
9 effect means that there is a very widespread non-  
10 observance of the law and you can try to come to some  
11 opinion of your own as to what that does to people's  
12 lives when they find there is a law which nobody is  
13 obeying. I think that many of the young alienated  
14 members of society thereby have a difficult time in  
15 deciding which laws to obey and which laws not to obey.  
16 Marijuana clearly is not a law -- or the law against  
17 marijuana is not a law which defends the average young  
18 person's sense of morality or he doesn't consider it,  
19 in effect, to be criminal in the juris prudential sense.

20 Secondly, we came to the conclusion  
21 that the vast majority of marijuana users are not of  
22 the so-called "criminal type", and I think the Commission  
23 is probably aware of this already with their investigations.  
24 By this I mean that they don't have the usual criminal  
25 associations, that the only other criminals that they  
26 normally associate with are other marijuana or drug  
27 offenders. We feel that because of this, the people  
28 who do get caught gain nothing at all except for a lot  
29 of grief from being put through the legal process.

30 Thirdly, we come to the conclusion that





1 there is yet a user that we have to meet who actually  
2 considers himself to be a criminal in the juris  
3 prudential sense and I make that point. By the way,  
4 I wish to make it clear here that when I refer to  
5 marijuana, I am also referring to Kif and Hashish.

6 The general opinion of users and of  
7 people who get caught, particularly people who get caught,  
8 is that these laws really have been discriminating  
9 against people who prefer to use this drug rather  
10 than alcohol. They found it is much more pleasant.  
11 As a matter of fact, Phil Oakes wrote a song; one of  
12 the lines in it is that, "Smoking marijuana is more  
13 fun than drinking beer, but a friend of ours was  
14 captured and they gave him four years."

15 while  
16 Here it is also worth/to note that the  
17 people who are involved with this drug, I think, really  
18 do suffer quite a lot. Both the people who get caught  
19 and the people who don't get caught. Nearly all of the  
20 users that we have spoken to say that everytime the  
21 door knocks, they go out of their minds thinking that  
22 perhaps it is someone who is not very friendly or the  
23 situation of walking down the street with a joint in  
24 their pocket makes them feel a great deal of anxiety  
25 and they just don't feel that this is justified.

26 Another thing is that of the persons  
27 that we spoke to who have been convicted, we didn't  
28 meet one person who felt any differently about  
29 marijuana after having been put through the process  
30 than they felt before they were caught. Some of the  
people felt that they had been straightened out, but



1 they felt that the problem which they had was something  
2 completely different and usually much deeper than  
3 marijuana. We had one young fellow who was serving  
4 some time at Boulder Bay and is now on parole and he  
5 said that he liked Boulder Bay so well that if it  
6 wasn't jail, he wouldn't mind going back again, except  
7 that he felt that his life before he had been caught  
8 was a very unfortunate situation. He was just hanging  
9 around and he really knew -- didn't have the vaguest  
10 idea of what he wanted to do. He didn't think he had  
11 anybody he could turn to and so he just drifted around  
12 in the 4th Avenue community.

13 The major trauma which we felt the  
14 people who get caught have gone through is, firstly,  
15 in getting caught at all. They feel it is really not  
16 that easy to get caught and getting caught hurts their  
17 pride a great deal because they recognize that they  
18 just made a very stupid mistake. Several of the people  
19 said to me, that, "Well, I knew there was something  
20 I knew about that guy just when I saw him but I was just  
21 too green and so I sold him some grass." The police are  
22 clearly fairly crafty in their endeavours to catch  
23 people, but they are obviously not crafty enough to  
24 catch the shorthaired-Brooks-Brothers-suit-young-executive  
25 we see around and we would never suspect of being a  
26 user of marijuana.

27 Fourthly, we concluded that the  
28 prevailing public opinion of marijuana is based on the  
29 life style of those who get caught, of those who are  
30 poor, typically young, alienated members of society



1 and also by a model which is provided by some of the  
2 underdeveloped countries in which the use of  
3 marijuana is more common, and actually, the authorities  
4 themselves have admitted to us that the tests that have  
5 been used on a very small group of people were naturally  
6 limited to the people who come within the purview of  
7 social agencies and that these people, although they  
8 do sometimes come within the view of the agency or the  
9 scope of the agency through their use of the drug, it  
10 is very often mainly because of underlying, deeper  
11 problems, deeper problems which make these people part  
12 of the failure group.

13 Typically, we would point out that to  
14 know that a person only uses marijuana or hashish tells  
15 you very little if anything about his social, criminal  
16 or psychic or moral behavior; that fact alone probably  
17 tells you little more about a person than knowing that  
18 a person drinks gin and what that tells you about a  
19 person.

20 Sixthly, we have concluded that -- and  
21 there is no doubt about this -- that there are people  
22 in all walks of life who are using this substance, that  
23 it isn't people you would normally associate with  
24 4th Avenue, Vancouver or Yorkville in Toronto, etc.

25 And the seventh conclusion is that  
26 marijuana does not lead to heroin, at least not through  
27 any direct causal connection. We found that if there  
28 is a connection between marijuana and heroin, it is  
29 probably through amphetamines, and the question which  
30 we discussed at some length with all of the people we





1 had spoken to is how did the kids get from the marijuana  
2 onto the amphetamines and the speed? This is something  
3 which puzzles a lot of people. I don't really find it  
4 that hard to understand, because pretty clearly most  
5 of the kids who -- or the young children, the young  
6 kids, anyway, who get into the drug scene, they are  
7 going through a period of their lives where they are  
8 beginning to doubt many of the values which have been  
9 presented to them, uncertain about everything they  
10 do in their lives as to what's right and what's wrong,  
11 etc. They find that they catch onto marijuana, some-  
12 thing that they definitely believe to be a harmless  
13 substance which shouldn't be against the law. Their  
14 parents very often don't feel this way, but this is one  
15 place in which the kids positively feel they are right  
16 and when the young people -- and particularly those  
17 people who are going through an unstable or alienated  
18 period of their life discover that they have been  
19 lied to by their parents and by the establishment, if  
20 I can use that word, about marijuana, they are very  
21 prone to disbelieve warnings about more harmful or  
22 dangerous drugs. Their confidence in the laws and  
23 the enforcers and probably most importantly, their  
24 straight parents, is shaken.

25 I notice this particularly to be true  
26 in Kamloops, British Columbia, where at the moment there  
27 seem to be about fifty heroin addicts under the age  
28 of 20. The town is fairly upset about this as you can  
29 well imagine and they are trying to figure out how it  
30 happened. The thing was that these kids were soft drug



1 users six or seven months ago. About that time two  
2 or three heroin addicts got into their group and just  
3 put -- just put it on to the line to the kids, they say,  
4 "Well, you think you were high as far as marijuana is  
5 concerned," you know, "you ought to try heroin, that's  
6 really far out." And about four or five months ago I  
7 spoke to one of these kids in Kamloops and she told me  
8 how wonderful heroin was, she told me that it was really  
9 a marvelous trip, something which she would like to do  
10 more of. However, I again had the occasion to hear of her  
11 through a very close friend in Kamloops and she is now  
12 strung out and doesn't feel so happy about it.

13 Now, the point is that the people who  
14 put these kids on to the heroin infiltrated this group  
15 simply in order to provide the market for heroin so that  
16 they could in turn support their own habit and probably  
17 have some money left over at the end. And I think that  
18 this is terribly unfortunate, but it is probably the  
19 result of not enough sensible legislation on marijuana.

20 Our recommendation is very brief. We  
21 feel that possession at any age should not be an offence.  
22 Sale to minors might be regarded as undesirable, but  
23 by puritannical legislative assembly.

24 Finally, in the words of the President  
25 of the Law Students' Association, the current state of  
26 affairs only serves to continue the breakdown and support  
27 for law. When the laws collapse the ensuing problems  
28 will dwarf the question of whether Mr. and Mrs. Joe  
29 Citizen should smoke grass free from legal persecution.  
30 And then Carey insisted that I put this last paragraph



1 in because he feels it is pretty important. He says:  
2 " Appreciating the fact that one risks  
3 " the chance of being written off as  
4 " an ungrateful punk, the author, in  
5 " honest conscience must express one  
6 " last point. The whole problem of  
7 marijuana is damn small when one views  
8 " the dismal state of affairs in the  
9 " nation and the world. The Govern-  
10 ment of Canada could better spend  
11 " its time and energies on more deserv-  
12 " ing problems. Perhaps if the author  
13 " were currently behind powers for  
14 " selling a flower called Marijuana  
15 to Narcotics Agents, he might regard  
16 " the problem as more important than  
17 " anything in the world. Marijuana is  
18 " a problem because the government  
19 chooses to make it so.

20 It is as simple as that.

21 Now, this is all that I have in the  
22 brief. I think that the press would be getting some  
23 copies of it and they can get more detail of it.

24 (applause)  
25

26 THE CHAIRMAN: Thank you, Mr. Kux and  
27 Mr. Linde.

28 Are there any questions?

29 MR. CAMPBELL: I would just like to go  
30 a bit further with you on this question of availability





1 to adults. Do you really think that this is a practical  
2 possibility or is there any way of putting an age line  
3 and saying "Okay, above this age line; not okay below it."  
4 Any possibility of that working at all that way?

5 MR. KUX: I think the part you say,  
6 availability to adults.---

7 MR. CAMPBELL: I gather the recommen-  
8 dation was to make marijuana legally available.

9 MR. KUX: To anybody who wants it.

10 MR. CAMPBELL: With the restriction of  
11 sale to minors. Is this at all practical?

12 MR. KUX: No, we said it might be viewed  
13 as undesirable by a puritannical legislative assembly.  
14 We don't really feel that there is any reason to limit  
15 the sale to only adults.

16 MR. STEIN: Could I ask you, do you  
17 infer -- I think I got from what you are saying that  
18 from practical purposes if the people were smoking pot  
19 out here, really there wasn't much likelihood of their  
20 being arrested. We spent some time in Toronto and heard  
21 something of this same sort of message from both the  
22 University of Toronto and York students. Was that what  
23 you meant? In other words ---

24 MR. KUX: This is right. I can give  
25 you an example of a young diplomat I met and he was in  
26 India and he was driving a Maserati and he had about  
27 two ounces of hash in his apartment which he had brought  
28 back on one of his excursions. As a matter of fact, when  
29 Justice Minister Turner was at the law school last week  
30 one of the students asked him why he won't answer questions



1 about whether he uses marijuana or whether he would  
2 object to his family using marijuana and he said "Well,  
3 judges listen to what people like I say and I just can't  
4 -- can't say things or I can't make comments on things  
5 like this." So I think from that it is his silence and  
6 yet I think from the silence an inference can be drawn  
7 that the people even high up in government are fairly  
8 familiar with it.

9 MR. STEIN: The point I wanted to make  
10 clear was ---  
11 (applause)

12 MR. STEIN: ---was if a person is using  
13 marijuana and students at the University of British  
14 Columbia, apparently there isn't any likelihood in  
15 what you and other people are telling us that they  
16 are going to be arrested. It is more likely if they  
17 spend time on 4th Avenue?

18 MR. KUX: Sure. Now, take a law stu-  
19 dent for example. He has got marijuana in a plastic  
20 bottle in his car and he makes sure he removes the finger  
21 prints. You know, he is -- the people that you never  
22 imagine, the people you know smoke, but you just don't  
23 hold suspicion or the police hold any suspicion. They  
24 are just very cool about it or cooler, and you don't  
25 have to be that careful, frankly.

26 THE CHAIRMAN: Would you go the the  
27 microphone please?

28 THE PUBLIC: I think that if you want  
29 --- that the question of marijuana use and legality and  
30 all of that, if you want to look for solutions, look



1 to Holland and I think you will there find a practical  
2 solution to the problem of marijuana where the govern-  
3 ment had openly came down and said "We will just ignore  
4 it unless it is blatant," i.e. people coming up to police  
5 officers and selling -- asking if they want to buy hash.  
6 Where they have drug houses where drugs are sold under  
7 the eye of the government and why not? They know where  
8 this is going on, but I think here is a more serious  
9 problem which I would like to bring to the Commission's  
10 attention, and that is the problem of LSD and psylisibin  
11 and mescaline which are the so-called psychedelic  
12 drugs. I think they are very much more delicate --  
13 there is a very much more delicate situation. There is  
14 a very serious social situation in Canada right now,  
15 all across Canada, in small towns especially. I have  
16 travelled across Canada many times and I have become  
17 familiar with this "head scene" and found out that there  
18 is a lot of bad LSD, LSD is being made in a lot of  
19 illegal laboratories. I feel very strong that LSD  
20 should be made in government laboratories, that it should  
21 be -- that its sale should be regulated by the govern-  
22 ment and there should be very stiff penalties for the  
23 and production selling/of LSD outside of the purview of the law.

24 Anyway, this is the recommendation I  
25 would like to make to you very strongly, and I would  
26 make other comments about it, but I would say that all  
27 of the bad things that are said about LSD are said about  
28 it -- really only apply to the LSD that is made in  
29 illegal laboratories. All the bum trips I am sure,  
30 most of the bum trips are because of this LSD in which





1 there is strychnine or bella donna or speed or some  
2 other type of foreign element in the pill or capsule.

3 THE CHAIRMAN: Professor Bertrand?

4 PROFESSOR BERTRAND: Yes, we have been  
5 listening to a presentation a few days ago which is the  
6 calm, quiet, clear -- I wouldn't say unemotional, but  
7 very clear. Would you say that the same presentation  
8 would have been possible, let's say, two years ago and  
9 there would also be another question: Do we all feel  
10 the same as the gentleman who made the presentation  
11 which regarded the fact that if we want to smoke mar-  
12 ijuana we are quite assured that we can do so without  
13 getting involved with the police; if we want to use  
14 other drugs it is not a great problem.

15 MR. KUX: May I make a reply to that?  
16 I think I have to qualify what I said by saying that  
17 it is not a problem for the people that are typically,  
18 you know, well dressed and well fed and a little bit  
19 more mature, but it is a problem for the -- well, I think  
20 that a majority of the high school kids.

21 PROFESSOR BERTRAND: More visible.

22 MR. KUX: Young kids, yeah.

23 THE PUBLIC: In line with your question  
24 Miss Bertrand, and last night you were wondering how  
25 many people that are in positions of responsibility turn  
26 on, and I was going to answer you last night but I  
27 didn't get a chance. I am a journalist myself and I  
28 know a lot of people, lawyers, social workers, teachers,  
29 journalists, a tremendous number of people in positions  
30 of responsibility and influence who turn on and who use



1 marijuana or hash or something -- some use mescaline,  
2 the soft drugs basically. The situation gets almost  
3 ludicrous in society today where you have -- and I  
4 know of this for a fact when you have sometimes lawyers  
5 who are the prosecutors in drug trials and themselves  
6 smoke marijuana or hash frequently, regularly. And  
7 when you have teachers that are supposedly to be telling  
8 their kids that, you know, hash and marijuana are bad  
9 things, and yet themselves turn on, and when you have  
10 social workers who, as agents for their institutions,  
11 are often called upon to, you know, to speak out against  
12 these things to people they are dealing with and yet  
13 themselves turn on. And the whole thing has reached  
14 rather ludicrous degrees, and I think that if anything,  
15 one of the biggest areas of ignorance on the part of  
16 the general public is just how widespread this use of  
17 soft drugs is. When I see figures like 20% and 25%  
18 and 30% of high school kids, and I know of schools where  
19 virtually everyone that I meet from those schools, the  
20 students turn on. And the figures are much more likely  
21 in schools and especially schools in areas out of town  
22 where students have to buy drugs are much more likely  
23 to be 65 or 70%. I mean this is just an estimate, but  
24 I would say that it is just -- there is a tremendous  
25 ignorance. And there are so many people that, as some-  
26 one else said, have to keep cool about it, they can't  
27 speak out because they do have professional jobs that  
28 they can't afford to lose their bread.

29 THE CHAIRMAN: How do you qualify these  
30 facts? Are these facts you produce in these groups that



1 you are talking about, professional, responsible position,  
2 are these people responsible? and if so, how do you  
3 come upon this information? What are the sources?

4  
5 PUBLIC: When somebody turns on  
6 from time to time themselves, as I do. I have a position  
7 of a journalist to protect, so I would ask the press

8  
9 THE CHAIRMAN: I didn't mean in any  
10 sense -- I didn't anticipate any self incrimination.

11 THE PUBLIC: No, no, I was just asking  
12 press people here who would recognize me to please not  
13 use my name because I don't intend to make myself any  
14 kind of -- of personal martyr, there is no point in that,  
15 but I am just saying that you come in -- when you turn  
16 on yourself you come in to contact with the tremendous  
17 number of people in responsible positions that turn on,  
18 and the very fact that it has become almost a social  
19 thing, that there are many homes in Vancouver now where,  
20 when you come in, instead of being offered a drink,  
21 people turn out. It has become almost a social thing.  
22 But as someone else said, it is the kids on the street  
23 who are too young and, you know, careless I suppose and  
24 not wise enough to take the proper precautions, who  
25 suffer from the law.

26  
27 We have been asking across Canada as we have talked to  
28 these people, for individuals to meet with us, talk with  
29 us in private, expect that we can give you any protection  
30 of the Canada Evidence Act if they need it in order for





1 us to determine -- help us to determine the extent of  
2 use, because this is a pretty critical question. Now,  
3 I think I can say in a pretty general way that there has  
4 been an enormous quantitative response from young peo-  
5 ple, often. As recently as yesterday in the Queen Eli-  
6 zabeth Playhouse, a whole stream of young people who  
7 chose to come forward and speak, often quite eloquently,  
8 about their own views on this matter, and the point I  
9 am making now, and the point I am coming to, is that  
10 it has become extremely difficult to establish contact  
11 or get any communication with the middle class users that  
12 you are referring to. Much to my amazement, and what-  
13 ever this reflects, I will let it go, but I would have  
14 expected a real reticence on the part of young people  
15 to communicate with something like a Royal Commission  
16 and yet it hasn't turned out to be that way at all.  
17 There has been a very direct response in places we have  
18 been, an enormous response from people under twenty-five.

19 It may be -- it may be the persons  
20 like yourself or others who have contact with persons  
21 who are users in the middle class community, might be  
22 of assistance in simply encouraging and to communicate  
23 with us, if only anonymously, through the mails if that is  
24 as far as they want to go, a typewritten letter. Clear-  
25 ly that isn't a scientific document, we understand that,  
26 but at the same time the nature of our inquiry, looking  
27 into something which is, by the present legislation,  
28 illegal, necessitates that we exhaust every possible  
29 avenue of getting information, so I am suggesting to  
30 any of you there if you have communication or contact



1 with people other than in your own age or peer group,  
2 you urge them to communicate with us either in person  
3 or if they don't choose to do that, through an anonymous  
4 written letter to our office in Ottawa which is the  
5 address -- the address of which is simply Drug Inquiry  
6 Commission, Ottawa. It will get to us.

7 THE PUBLIC: Yes, I would just like to  
8 add -- I realize that someone in my position can't come  
9 up with a lot of statistics and that you would like to  
10 get probably some idea of the validity of my impression.  
11 Now, in the areas -- provisions like teaching, social  
12 working, this is just an impressionistic thing that I  
13 find, that a majority of young teachers, say, under 30  
14 teachers, social workers, and particularly lawyers, that  
15 -- that I meet, and I meet a lot in my profession, do  
16 turn on. But I can give you a little sort of numbers  
17 evidence in the realm of journalism in this city, and  
18 that is, that on the Province Newspaper where I worked  
19 for quite a while, there were -- of twenty out of twenty-  
20 two reporters on the staff, writers and news staff, I  
21 know for a fact personally, you know, from experience,  
22 that about fourteen of them turned on, you know. This  
23 isn't a joke. This is factual. And on the Sun where I  
24 have also worked, there is about thirty-five reporters  
25 in the news staff. No, excuse me, there is about fifty  
26 reporters in the news staff, and pretty close to thirty-  
27 five of those, you know, smoke marijuana or hashish on  
28 a fairly regular basis, from time to time.

29 --- Applause.

30 THE PUBLIC: Here I am at this meeting.



1 You were interested in talking with someone who is in  
2 another age group. It has been a few years since I  
3 graduated from college. I am told I have a professional  
4 job now. I have a few things to say. You people seem  
5 to be interested in numbers. Why, I don't know, because  
6 numbers do not justify the use, or non-use of marijuana.  
7 When I was down in Los Angeles working as a research  
8 writer for an outfit called the Universal Science  
9 Corporation (sic), I did considerable study into narcotics and  
10 into marijuana and the whole trip. That's when I first  
11 got into it. I think it would be very naive of me to  
12 assume that you people are unaware of the medical facts  
13 -- at least I would hope it would be naive of me --  
14 in other words, I would not have to say "Here is an  
15 article in Playboy. Have you got it?" I assume you have  
16 all read it. I assume you are all aware of the medical  
17 facts. I would be curious to know, you know, what  
18 things you might know that you are not aware of.

19 MR. CAMPBELL: I don't think we are  
20 terribly naive on the subject, but clearly one of our  
21 responsibilities is to be absolutely certain, and we  
22 have exposed ourselves to as many perspectives of this issue  
23 as possible, perspectives with respect to  
24 age, reason, you name the categories, and we should  
25 be aware of these. Of course, we have to report on the  
26 extent of drug uses as specified in our mandate, just  
27 as we must report on the effects of drugs. But we must  
28 also report on the political economics; social, philo-  
29 sophical economics, this will mean ---

30 THE PUBLIC: Report on all of it?





1 MR. CAMPBELL: That's right, the drug  
2 is scarce. That is quite obviously how to manage  
3 this? It obviously has us worried. I think one of the  
4 most useful functions that we can serve will be through  
5 our report - tell the people of Canada what other people  
6 of Canada are saying, are feeling, are thinking, and  
7 hopefully one of the ways we will be able to do this is  
8 to report directly, people's own words. A lot of  
9 Canadians haven't been listening to a lot of other  
10 Canadians. Maybe if we say, they will listen. Maybe  
11 we can perform a function of translation at some points.  
12 But clearly what we are trying to do, and this -- most  
13 of our hearings, is expose ourselves to the perspectives,  
14 to have some confidence that we not only understand, but  
15 that we have some sort of a feeling for what is happening  
16 and I think in many of these areas, of course we are  
17 naive. I am naive about what the feeling is. I don't  
18 think after a couple of days we could have any deep  
19 sensitivity of what the feelings are here, except to the  
20 extent that they are analogous to those at my own  
21 university, and other places that we get to know better,  
22 but you pick up a theme here and there and, O.K., it is  
23 reinforced

24 THE PUBLIC: O.K., I would just like  
25 to add that I wish you luck, and when you  
26 are through with this Commission, I would like to see you  
27 go on to another Commission on the medical use, that is,  
28 the legal use of drugs which I feel is a lot more danger-  
29 ous

30 --- Applause



1 THE PUBLIC: Maybe I could answer you  
2 a question, I don't know. What is the interest that the  
3 Government -- what are the interests of business in  
4 terms of the marijuana question, that is, how much  
5 weight do the producers of other drugs, alcohol mainly,  
6 have in terms of lobbying in Ottawa, terms of more  
7 direct influence, in terms of keeping this question from  
8 being solved in a sensible manner. A sensible from the  
9 point of view would be simply legalization and no  
10 penalty for possession. That is a question of many drug  
11 users, many people who have indulged in the use of  
12 marijuana, or hashish, have been interested in. There  
13 is sort of a folklore if you like. That the reason  
14 that this drug is so obviously, you know, more or less  
15 a harmless drug, is not legalized, is that there is these  
16 big alcoholic monopolists in Ottawa, trying to stop it,  
17 and that is one of the folklore myths that has grown  
18 up. Is that real, or is that just a figment of our  
19 imagination?

20 THE CHAIRMAN: To determine, well speak-  
21 ing for myself, and my colleagues speak for themselves, we--  
22 I don't know of any set -- I don't know the answer to your  
23 question at this stage. We have discussed this partic-  
24 ular possibility. I don't know whether our terms of  
25 reference encompass that, although I know they speak  
26 about economic factor relating to the use of the drugs  
27 and substances, and I dare say we could use that as an  
28 umbrella for reporting on this kind of thing, but we  
29 are -- I repeat what my colleague, Dean Ian Campbell,  
30 said, we are -- we are going to listen and we are  
going to record what we hear, and within the reasonable



1 realms of relevance, and report. We are supposed to --  
2 as I understand our mandate, we are supposed to try to  
3 get a true picture of this phenomenon and all the  
4 ramifications and implications and to report on that  
5 as clearly, and honestly, as we can. That is what the  
6 understanding of our mandate is.

7 THE PUBLIC: Within that mandate, it  
8 would seem to be wholly reasonable that you would attempt  
9 to find out what are the impediments to the legalization  
10 of this drug. It seems to me there is, you know, some  
11 impotence at least that would indicate that I have  
12 mentioned is the possibility - or maybe it is more the  
13 implication of the parent. The other thing I would like  
14 to say about the legal use of the drug laws. Last year  
15 at Simon Fraser we had an occupation, sit in, the  
16 police were called and they were dragged off to jail.  
17 Within a week of that, at least one house I know was  
18 raided by members of the R.C.M.P. Drug Squad, they came  
19 in, said "This is a drug raid" and began their search.

20 The first officer searched the mantel  
21 piece, where his hand ran along and came to two mari-  
22 juana cigarettes, went over them and continued. Another  
23 officer went into one of the rooms of the house, the  
24 bedrooms, and searched some papers and found a telephone  
25 list of names of radical students, and the telephone  
26 list was no longer there when the officers left. The  
27 information is clear that it was not a drug raid at all  
28 but a political raid, that is, an attempt to find out  
29 information from these people, who was active and what  
30 was going on. It seems to me, that the drug laws have





1 provided, in some small instance in Canada, and in a  
2 much larger way, in the United States, an opportunity  
3 for police to use extraordinary powers of search. It  
4 would seem to me that, you know, you make a resolution  
5 that the legalization of the drug, again, in which  
6 case the only excuse -- this would be the question of  
7 trafficking I suppose, illegal trafficking. So let's  
8 do something that concerns a very small number of  
9 people in this city so far, but from our friends we speak  
10 with, from the United States, we know that this is  
11 a major problem, and that is that people are put in jail  
12 because of their political activities, when the justifi-  
13 cation is founded on these drugs. One man, a member  
14 of the Black Panther Party, was sentenced to thirty years  
15 in jail for possession of marijuana. So we don't know  
16 what the political situation will be in Canada in a  
17 couple of years, but some of us can foresee the poss-  
18 ibility where we will be victimized -- not because we  
19 used drugs, but because -- but we in some sense, I suppose --  
20 what is going on in our country, and we are victimized  
21 on this basis. If we are going to be victimized, we  
22 would like to be victimized on a fair basis.

23 --- Applause

24 MR. STEIN: Could I ask Mr. Kux  
25 if he wouldn't mind. We had separately submitted to us  
26 from the law students, a survey that I understand was  
27 done at a time later than the brief that you have  
28 already written, survey regarding marijuana use amongst  
29 law students at U.B.C. I wonder if you would care to --  
30 we have it, and I wonder if you would wish to briefly



1 speak on that. I think it is relevant to this general  
2 discussion.

3 MR. KUX: Yes, I think some people are  
4 interested in numbers, and there were 558 students  
5 enrolled in the Faculty of Law when this questionnaire  
6 was given. 434 Questionnaires were returned, and  
7 approximately 10 of those were filled out by the staff.

8 Now, I think it is something worthwhile  
9 pointing out that this questionnaire asked law students  
10 about their participation in an illegal activity, and  
11 we had a very large turnout. As you can see, there were  
12 69% of the First year students participating, 78% Second  
13 year students, and 77% of the Third year.

14 Now, the first question was "I have  
15 smoked marijuana (a) never  
16 (b) once  
17 (c) more than once"  
of these law students  
18 and the results showed that more than 44.47% had tried  
19 marijuana once, or more than once. We broke this down  
20 into three groups, and we found that the people of 23  
21 years and under - 53%; and from 24 to 26 - 48%; 27 and  
22 up was 24%.

23 Now, one thing -- there were two  
24 numerous things that came up in this questionnaire. One  
25 was -- one of the students I spoke to, I asked him how  
26 he answered the first question, and he answered "Well,  
27 he had never tried it." And he sounded a little dubious  
28 so I said "Well, have you ever really tried it?" and he  
29 said "Well, I have had it a couple of times, but it  
30 didn't do anything to me, so I figured I really had



1 | never tried it."

2 |                   Then on the third question of the  
3 | questionnaire, we said "Marijuana should

4 |                   "remain on the Narcotic Control Act...

5 |                   "be legal, but controlled like tobacco...

6 |                   "be legal, but controlled like liquor...

7 |                   "be legal, and uncontrolled..... "

8 | and 80.89% of the students thought it should be illegal.

9 | There were people mentioned another alternative, and  
10 | that would be to put it under a Provincial Act, because  
11 | they thought it should be illegal, but you shouldn't get  
12 | a criminal record for it.

13 |                   Now, there was one other curious thing  
14 | that came out on this particular question, and that was  
15 | one student's answer read that it should be illegal,  
16 | remain on the Narcotic Control Act, but he qualified  
17 | this by saying that this should only be -- I have got  
18 | it written down here -- to quote, "that to illustrate  
19 | as a general reminder how absurd some laws can be."

20 |                   THE PUBLIC: I think there is something  
21 | that is tremendously important for the Government to  
22 | consider, and it is if you provide an open voice, like  
23 | all the drug laws provide, then you provide for people  
24 | who are dissatisfied, and feel uncomfortable, a focal  
25 | point for their discomfort and their complaints and so  
26 | on, and you tend to get a situation in which revolution  
27 | is possible, and while you are sitting there thinking  
28 | about whether people should turn on all the time, on my  
29 | street people are past that point and are now getting  
30 | themselves on to deal with the police, because once the





1 -- once the drug laws began to be used against  
2 obvious users, you know, people with long hair and  
3 funny clothes and dirt and lice, and all the other  
4 things, then the police realize they are low status,  
5 and once they are low status that, you know, probably  
6 there are two sets of laws, at least two, but if you  
7 are lower status than the police then you come into  
8 a certain type of treatment. If you are a higher  
9 status than the police, they pay a little more attention  
10 what they do to you.

11 For example, again with the people  
12 across the street and on the whole street, I watched  
13 the other morning whilst I was waiting to get picked  
14 up to be taken out here, the police kicked in the  
15 doors and smashed things, and various other things,  
16 unarmed with a warrant, not knocking or anything, so  
17 that's fine - that's typical --

18 --- Applause.

19 And I think it is really more than  
20 that how difficult that is. I went to the courts  
21 the next day and said "Look, put the rifles away, you  
22 make me extremely nervous. I belong to the same  
23 Committee, I'm peaceful." They said, "Love, peace;"  
24 the guns are to be used by the next policeman who  
25 comes in the door.

26 So I said, "O.K., don't you understand,  
27 once you have warrants with warrants you are just going  
28 to have to have the bonds. So I have an aversion to  
29 guns and dying, and all the other sorts of things  
30 so I said, "All right, do you remember the Strait, which is



1 the Georgia Strait, which is an underground paper  
2 here, and as a consequence is carried into court  
3 for little bits of pornography so I tried to call in (inaudible)  
4 and who is very hung up, and is quite pornographic --  
5 --- Applause.

6 THE PUBLIC: So I said, "You remember  
7 there was this one magistrate whose name escapes me,  
8 -- I have a bad memory -- and he sold this guy -- you  
9 start dragging in the other stuff whereas you don't  
10 (inaudible) in my court, in order to persecute any  
11 particular group, so they said "That's true, but that's  
12 one place where the courts are crooked." And you have  
13 courts which seem to go along with that, you break it  
14 down into lines of communication between the group, any  
15 particular individual group and the thing -- the people  
16 they think are controlling the group. Finally you get  
17 larger and larger numbers of people who feel alienated  
18 for different reasons, grouping themselves around things  
19 which are focuses, such as the drug laws, focal points  
20 such as the drug laws. You eventually have a situation  
21 which will lend itself to revolution, and I am personally  
22 -- on personal evidence, I am concerned about the drug  
23 laws, but on a bigger level, very concerned about the  
24 destruction of our society.

25 Amongst the people I know, there are  
26 very few people are interested in my remarks basically  
27 and I think that the Federal Government could  
28 get, if it could get its mind off the small details for  
29 a while and take a look at the larger problem, have in  
30 ten years no bloody country left, they would see that



1 this sort of thing be eliminated, and also it should  
2 be made very very easily possible for a person who has  
3 some cop jump in on him, through his door, land in his  
4 bedroom, watch him whatever he is doing, he and his  
5 girlfriend falling nude out of bed, poking around,  
6 checking in various places for drugs, it should be  
7 clear that he has as much a right to some redress from  
8 the courts as any other person wearing nice clothes  
9 and having a bigger lock on the door and a bigger house  
10 and all the rest of it.

11 And until -- until that sort of thing  
12 is cleared, then you won't have a situation that you  
13 already have in the United States where you have a full  
14 blown revolution going on, everybody ignoring it, and  
15 when you are preparing your brief, if you would say to  
16 the Federal Government, if you are pretty hung up about  
17 the talks, you do some sort of early conditioning along  
18 with God, and how to use washrooms, and that sort of  
19 thing.

20 --- Applause.

21 THE PUBLIC: If you are really legis-  
22 lative, if you really care in order to preserve the  
23 country, then you better make it on this point and we  
24 had better make sure that such things as bail and such  
25 things as legal redress are available to all members  
26 of the society to gain (inadmissible) . If this is not  
27 done, and done in a hurry, there would be no country  
28 here -- I would say maximumly ten years.

29 --- Applause.

30 THE PUBLIC: I would just like to





1 expand a little bit on the point that Charles Kux  
2 made in his brief with some things in my personal  
3 experience.

4 For the last two years I have been  
5 working in treatment institutions for emotionally  
6 disturbed children, and delinquent adolescents. Now,  
7 the limits of this experience ---

8 THE CHAIRMAN: Could you speak a  
9 little closer to the mike?

10 THE PUBLIC: Sure. One of the points  
11 that was made in the law school brief was that there  
12 is a differential action of the law and of the society  
13 as to which segments of the marijuana user community  
14 are apprehended and which members of that community go  
15 on to use, or abuse, stronger drugs.

16 Now for the last two years, I have  
17 worked as a child care worker in treatment institutions  
18 for adolescents and delinquent adolescents. Most of  
19 these kids were in east end Vancouver. The pertinent  
20 point that I think stays in my mind about their attitude  
21 is that in their first hostile stages of dealing with  
22 adults when they want to shock an adult, and later on  
23 when they can be a trusted adult and want to confide  
24 in it, in both cases, in their listings of their  
25 experience or their address of the anti-establishment  
26 things that they are going to do, there is no distinction  
27 at all in their mind, between alcohol, pot, speed,  
28 heroin and glue. Any substance which is illegal, any  
29 substance which they feel is disapproved comes under  
30 one heading, and it is approached with the same complex



1 | emotional attitudes. Now, a number of the kids I  
2 | worked with are already abusing alcohol, already  
3 | abusing glue, already abusing speed, and others of  
4 | them I have a moral certainty, will go on and use  
5 | heroin.

6 |               I think this is a problem that  
7 | requires attack on a number of different fronts. Legal-  
8 | izing marijuana will not mean that we have alienated,  
9 | frightened adolescents who want to acquire the dis-  
10 | association from other people, but some exercise of  
11 | institutional sanity we can, as a society, establish  
12 | the distinction between a substance which is known to  
13 | be medically harmless, like marijuana or hashish, and  
14 | those substances which we know are dreadfully harmful.

15 |               I think we make a beginning towards  
16 | making that distinction in the minds of those who are  
17 | going to turn to pot, and turn to forbidden substances.

18 |               A second point that I would like to  
19 | make, not a rhetorical point, but I think a politically  
20 | pragmatic point, is that if the Federal Government or  
21 | the Provincial Government established a system of large  
22 | scale importation and sale of marijuana and hashish  
23 | under Government auspices, it would have a number of  
24 | consequences; one of them would be that with the kind  
25 | of capital that the Government can bring to bear on a  
26 | problem, they can buy in greater quantity and quality  
27 | and sell it at lower prices, and drive the illegitimate  
28 | dealer out of business, and still provide a substance  
29 | which a large number of the members of society feel  
30 | that they want to use.



1                   Those are all the comments I would  
2 like to make.

3                   MR. CAMPBELL: The question I would  
4 like to raise with you; I think what you say about  
5 this lack of differentiation in people's minds, but  
6 do you think that perhaps it goes a bit further than  
7 this, that many of the drugs and terms of their effects  
8 have a particular appropriateness for certain categories  
9 of population.

10                  I think there is some evidence, for  
11 instance, that speed use is accelerating very, very  
12 rapidly in High School populations, much more rapidly  
13 than say, at University level.

14                  THE PUBLIC: Yes.

15                  MR. CAMPBELL: Would it be a reasonable  
16 hypothesis to suggest that because speed is a power drug  
17 it has a particular appeal at the High School level,  
18 perhaps because these people feel a lack of power, that  
19 marijuana or hash, of its own nature and the nature of  
20 its effects has a greater appeal at the University level  
21 where it is appropriate to -- on the one hand the peace  
22 ethic, the peace idea, perhaps to a type of pulling  
23 away from a hard barbarian rationalism.

24                  Would there be anything at looking at  
25 drugs in this way, and the populations?

26                  THE PUBLIC: Yes, there is. There is  
27 a lot of mythological evidence. For example, in India  
28 there are regions where two cultural methods, co-  
29 existence in the same village, an ethic of warrior  
30 culture which emphasized that the almost western





1 techniques of men, in other words, violent action  
2 perhaps would be environment.

3 The drug choice of the warrior type  
4 is ultimate.

5 The thing is there -- a compound  
6 of hashish and milk which I think speaks sort of indirect-  
7 ly to your point, different needs with drugs.

8 Doctor Joel Fort (sic) for example,  
9 the San Francisco psychiatrist who writes "God help us  
10 all." in Playboy suggests that alcohol is the drug  
11 choice of anxiety driven, very achievement oriented  
12 Western society, and that he produces from that possi-  
13 bility that if marijuana were legalized it would  
14 not overwhelm North America with a sort of Indian  
15 festivity of -- you would have holy cows walking down  
16 Yonge Street and Granville Street.

17 But I think that there is one thing-  
18 ment behind the question on which I would like to take  
19 issue, and that is that there is a connection between  
20 the use for affection for marijuana, and the peace ethic.  
21 Lennie Bruce said a long time ago, "A turned on bastard  
22 is still a bastard," and I think everybody in the room  
23 knows this. There is no necessary connection between  
24 the use of cannabis and any fundamental character struc-  
25 ture.

26 --- Applause

27 THE CHAIRMAN: I wonder if I might  
28 embark just for a moment for something he just said,  
29 and this is about an hour or so ago, a suggestion that  
30 may not get too much of a hearing, at least I haven't



1 heard of it yet, and that is the use of the drugs as  
2 an inducer of religious experience.

3 Now, I can't claim to be representative  
4 of any group for the use of drugs, or for this purpose,  
5 but I am in contact on the Prairies with representatives  
6 and members of the Native American Church who extensively  
7 use peyote, cactus and mescaline, and other forms as  
8 an inducer of religious experience, which is a part of  
9 their culture.

10 The reason that this has appeared on  
11 the Prairies in Canada is because of the migrations of  
12 Indian groups, that date back probably as much as  
13 thirty or forty thousand years, and if you are inter-  
14 ested in how these migrations take place and why they  
15 are outlined, plausibly at least, although not demonstrabl  
16 in a book called the Age of Sun Kingdoms of The Americas  
17 which indicate their moving from the Bering Straits  
18 and so on, which indicates that the Indian minorities  
19 have brought back a cultural element of the use of  
20 drugs to induce religious experience.

21 The kind of things that they have run  
22 into in using drugs for this purpose, have some inter-  
23 esting legal and religious overtones, in that often  
24 people who have used drugs for this purpose have been  
25 harassed by police for possession of what are thought  
26 on the surface, as being illegal drugs, which in  
27 reality are not.

28 Peyote for instance, can be legally  
29 imported into Canada by simple application through the  
30 Federal Department of Agriculture and anybody can do



1 it if they know what address to send to.

2 And the fact that it is thereby not  
3 illegal to have this, and it is not illegal to import  
4 it, makes it questionable whether the legal authorities  
5 are justified in harassing the people who are using it  
6 for things that had no connection with legality at  
7 all.

8 They were also at some times arrested  
9 for being impaired by the drug while being in town  
10 for instance, they were very disoriented and thought  
11 to be impaired by alcohol, but it was found later that  
12 they were impaired by the affects of peyote or mescaline  
13 and its other forms.

14 One other very interesting legal  
15 aspect of this is if you eat peyote in its original  
16 form, that is, in a cactus-like stub and you just  
17 chomp it down, it tastes terrible, so some people have  
18 taken to drying it out and have been putting it in  
19 capsules, and apparently, this then makes it illegal.  
20 I am not sure why this is, but I have talked with law-  
21 yers about this who have said that the act of capsuliz-  
22 ing the thing, makes it illegal, even though it is the  
23 same stuff in a gelatin capsule.

24 One other interesting thing that is  
25 not legal, and that is the opposition of the traditional  
26 Western churches to the use of drugs as an inducer of  
27 religious experience. This probably goes back to a  
28 number of things, partly the dogma of most Western  
29 churches in that you are supposed to be able to make  
30 it on your own. Besides that, it is also interesting





1 that the use of peyote as an important cultural element  
2 which may be tended to be destroyed right now, and the  
3 Indian people themselves view the opposition to the use  
4 of peyote as people trying to repress and persecute  
5 their valuable cultural elements in the religion, and  
6 they also see it as a pressure on their culture because  
7 it is in the religion of the Native American Church and  
8 other fringe churches that are attached to this. It is  
9 within the practice of this religion that there exists  
10 a context in which culture is engendered and maintained  
11 so that they would see attacks on the use of peyote  
12 and mescaline, as an attack on their culture and their  
13 very being.

14 It is in the use of their religion  
15 and their use of drugs, that they maintain such ideas  
16 as a different concept of time, and that Western civil-  
17 ization uses a different value on work, on the passing  
18 of events, and assailing this kind of culture means  
19 that they are trying to be pressed into the mould of  
20 Western culture, our kind offers. And they don't frankly  
21 see this very much of an offering. They see it as  
22 probably one of the beatings they are going to have to  
23 take in being assimilated into our greater culture.

24 THE CHAIRMAN: I regret that we have  
25 to adjourn now. We could go on for a long time. This  
26 has been most informative for us. We will be at the  
27 Queen Elizabeth Playhouse at 2:30, and at the Bistro  
28 Coffee House tonight at 7:30.

29 Thank you very much.

30 --- Upon adjourning at 1:34 P.M.







COMMISSION OF INQUIRY  
INTO THE  
NON MEDICAL USE OF DRUGS

COMMISSION D'ENQUÊTE  
SUR L'USAGE DES DROGUES  
À DES FINS NON MÉDICALES

October 31, 1969  
Queen Elizabeth Playhouse,  
Vancouver, British Columbia.





COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman,
Ian Campbell,	Member,
J. Peter Stein,	Member,
H. E. Lehmann, M.D.,	Member,
James J. Moore,	Executive Secretary,
Marie Andree-Bertrand,	Member.

COUNSEL:

J. Bowlby, Q.C.,	Counsel for the Commission
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RESEARCH:

Dr. Ralph Miller

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

October 31, 1969  
Queen Elizabeth Playhouse,  
Vancouver, British Columbia.

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1  
2 ---Upon commencing at 9:10 a.m.

3 THE CHAIRMAN: Ladies and gentlemen,  
4 I call this Hearing of the Commission of Inquiry  
5 into the Non-Medical Use of Drugs to order.

6 This is our second day of public  
7 hearing in Vancouver. You all have an extract from  
8 our terms of reference, so I won't go into the detail  
9 of that.

10 Perhaps if I just might emphasize  
11 the three main areas of our concern. This may  
12 be of assistance to those who are making submissions  
13 to us, to know the principal areas where we are  
14 inquiring and the knowledge we seek. The three  
15 areas are the nature and extent of the non-medical  
16 drug use of the drugs involved, the different age  
17 groups and the movement if any, from one drug to  
18 another. We are principally concerned, though  
19 not exclusively, at the moment with drug use by  
20 the younger people in Canada; by high schools,  
21 universities and young adults; but we are also  
22 concerned, of course, with drug use by adults,  
23 particularly as it affects the use by youth.

24 Secondly, we are concerned about  
25 the effects of these drugs, to find out as much as  
26 we can and to evaluate what medical knowledge  
27 exists, what other knowledge that has been experienced  
28 that will be available to us. Clearly we are asked  
29 to try to determine the causes or reasons for  
30 drug use, the significance on the society and



1  
2 how it affects other changes, responses due to the  
3 particular challenges and stresses made on our  
4 society today. And finally we must make  
5 recommendations to the Federal Government as to what  
6 it can do alone or with other governments to **reduce**  
7 the dimensions of the problems of drug use. And  
8 we are going to have to recommend a national  
9 assistant for dealing effectively with drugs,  
10 a system of social controls or response, not just  
11 legislating, but research, communication, treatment,  
12 and so we are very grateful for any advice you  
13 can give us about the proper relationship of these  
14 functions and a co-ordinated national system.  
15 We heard something about this yesterday, we heard  
16 about the comment on law in its present form and  
17 what changes should be made. We heard comment  
18 on education and the proper approach to **education**,  
19 and how these functions can be combined or whether  
20 they should be separated. These are the general  
21 areas in which we seek knowledge and advice and  
22 we see this as an inquiry in which we have to get  
23 as broad a range of opinion as possible. We seek  
24 to generate public discussion because it is not  
25 just a technical issue. It is one that involves  
26 social problems and one that has instinct attributed  
27 to it, so we want people to feel very free to  
28 participate in it.

29 But we do have some briefs and the  
30 procedure we adopt at our hearings is that we hear





1  
2 the Brief and the commissioners question those  
3 presenting them and we invite others participating  
4 to question and discuss the brief.

5 And this morning we have four briefs  
6 scheduled. We will hear first from -- I will  
7 just read them over briefly and give you an idea  
8 what is going to happen. We will hear first  
9 from Dr. R. Richmond from the Provincial Department  
10 of Corrections and then from Mr. Marvin Davis,  
11 Executive Director of the John Howard Society,  
12 and Stanley Patterson of the Elizabeth Fry Society  
13 and J. Whitehouse and Mr. McRae, the executive  
14 directors respectively of the Alcohol and Addiction  
15 Foundation of B.C. If there are others here  
16 this morning who wish to come and make submissions  
17 we would be pleased if you would just speak to  
18 Mr. Moore, the Executive Secretary.

19 Now I will introduce the members  
20 of the Commission and our staff, on my far right,  
21 Ian Campbell, Montreal, on my far right, H. Lehmann  
22 of Montreal and ~~my~~ name is Gerald LeDain. On my  
23 left is Mr. James Moore, Executive Secretary of the  
24 Commission, to Mr. Moore's left, Professor Marie Andree  
25 Bertrand of Montreal, and on Professor Bertrand's  
26 left, Mr. J. Peter Stein of this City. To his  
27 left is Mr. John Bowlby, Q.C., our counsel and  
28 Dr. Miller and on Dr. Miller's right is Vivian  
29 Muscombe my secretary, ~~and~~ the Commission and the  
30 Office Manager is at the back looking after things,



1  
2 Mr. Doylend.

3 We will begin by calling on Dr. Guy  
4 Richmond. I would just like to observe that he  
5 has been a prison doctor for over thirty-three years  
6 at Oakalla and retires today, and he is capping his  
7 very valuable career by giving us his experience and  
8 advice.

9 Please be seated at the table.

10 MR. RICHMOND: Mr. Chairman, I would  
11 like to correct just one of your remarks. I haven't  
12 been at Oakalla for thirty-three years. I started  
13 in the English prison service in 1930. I have only  
14 been seventeen years here.

15 Should I start?

16 THE CHAIRMAN: Yes, please.

17 MR. RICHMOND: Mr. Chairman, I will  
18 read my brief, if I may.

19 "After discussions with many of those  
20 who have come through Oakalla Prison Farm for  
21 classification following convictions for possession  
22 or trafficking with drugs contained in the terms of  
23 reference of the Commission, and from my own  
24 deliberation, reading and exploration, it appears  
25 to me that there are many factors involved in the  
26 etiology of this cult. They can be divided into  
27 those which are general and those which are  
28 particular, and, of course, they act together.

29 A. THOSE WHICH ARE GENERAL

30 (1) An aging society- As in



1  
2 biological aging, there is increasingly less  
3 stimulation by new experiences owing to fatigue and  
4 death of cells in the central nervous system. This  
5 is represented in man's world by increasing  
6 entropy. There is disappearance of drive and  
7 motivation causing a widening gap between governments,  
8 society and the youthful members thereof. There is  
9 increasing uncertainty of role and withering of  
10 the public image of the establishment. As in  
11 the physical state of the dying organism,  
12 pathological states of the tissues such as cancer and  
13 hardening of the arteries make their appearance,  
14 to which, as far as the preservation of our present  
15 society is concerned, I equate the phenomena  
16 under review as social malignancy. The excretory  
17 processes fail and the tissues are damaged by  
18 their toxins and in society this would amount to  
19 social pollution.

20 (2) It is a biological fact that as  
21 population of a living organism increases to the  
22 point of over-population pathological behavior  
23 escalates owing to increasing stress, over-crowding,  
24 decrease of living space, increase of noise and  
25 pressures, less opportunity to express individuality,  
26 laboratory rats when exposed to over-crowding  
27 show more aggression and much greater turbulence.

28 (3) Over-organization is a potent  
29 source of neurotic and criminal social phenomena.  
30 The impact of high-rise living will become





1  
2 increasingly evident.

3 (4) As people in their activities  
4 become more materialistic other outlets for  
5 imagination and fantasy have to be found and this  
6 often takes the form of drug-taking. There is  
7 much increase in frustration. Mechanization is  
8 closely allied to materialism and brings conformity  
9 which is so unwelcome to many and against which  
10 they revolt.

11 (5) There is increasing dislike  
12 and distrust of the establishment. The use of  
13 drugs under review is a protest against it and  
14 is regarded as a means to achieve its destruction.

15 (6) Many young people are  
16 disillusioned with the ways and morals of  
17 governments and of those who comprise society as  
18 we know it. Despair as to the future of mankind  
19 results in feelings of hopelessness and depression  
20 with trends towards self-destruction.

21 B. THOSE WHICH ARE PARTICULAR

22 (1) Contagion - exposure to the  
23 presence and availability of  
24 the drugs.

25 (2) Curiosity

26 (3) Kicks - anything for sensation.

27 (4) Companionship and community feeling-  
28 acquired by becoming fellow members  
29 of the cult.

30 (5) Habituation which ensures



continued use.

(6) Increasing permissiveness of  
authority figures.

(7) Increasing confusion of parental  
figures resulting in hazy ego  
ideals and obscure self-identity.

(8) Increasing frequency of home  
disruption.

(9) Absence of an operational  
philosophy of living.

(10) An escape from psycho-sexual  
conflicts aggravated by sex-  
dominated preoccupations such as  
literature, art, drama, films and  
television.

(11) An escape from other  
intolerable neurotic burdens.

(12) A seductive medium for idleness.

In the Corrections Branch of the  
Attorney-General's Department of British Columbia  
we were accustomed only to the heroin addict and almost  
solely to the criminal heroin addict until the  
advent of the soft-drug user. The difference between  
these two categories of users of drugs for non-medical  
purposes was until recently well-defined. The  
heroin user often had a long criminal history before he  
or she started using heroin. He was a school  
drop-out at or before grade 9 and he came from the  
criminal sub-culture; he was also a heavy user of



1  
2 barbiturates and less often of alcohol. The age of  
3 the heroin users in this category ranged from 18 to 70.  
4 Now we are receiving young offenders who have escalated  
5 in their use of marijuana and hashish to L.S.D.  
6 and other hallucinogens, then to the amphetamines  
7 and finally heroin. Apart from their use of heroin,  
8 these individuals have very little, if anything, in  
9 common with the criminal heroin user. Whereas the  
10 criminal heroin user tends to be psychopathic,  
11 the heroin user who started with soft-drugs is  
12 thoughtful, sensitive and creative. Whether he  
13 will prove as intractable to absence from heroin  
14 as his more criminal counterpart, who started on  
15 heroin without any preliminaries, we do not yet  
16 know. So far we have not discerned any  
17 observable difference in the personalities of those  
18 who have used soft-drugs and who have not taken heroin,  
19 and those who have used soft-drugs and progressed  
20 to heroin. The behavior of the criminal  
21 heroin user in prison compared to that of the  
22 latter group up to now has been quite different.  
23 The former, that is to say the old type criminal  
24 addict, complains bitterly about his withdrawal  
25 symptoms and often his treatment; seldom  
26 ceases to demand sedative medication to a point  
27 of massive barbiturate dosage unless he is  
28 firmly refused; and he has acquired the cohesive  
29 characteristics and mores of his particular brand  
30 of sub-culture. He has now no other interests





1  
2 but the group of fellow users inside and outside  
3 prison, and shares the same women similarly situated,  
4 who, unlike the young female soft-drug users,  
5 are prostitutes. The criminal heroin user has no  
6 interest in world events or in any social  
7 circumstances except his own particular media,  
8 or in any dilemma outside his own immediate  
9 impulses and the heroin underworld. Many of the  
10 users who were the subjects of the Commission's  
11 inquiry are deeply involved in the problems and  
12 history of mankind and his society, though he is  
13 escaping from them.

14 Those offenders who have been using  
15 drugs in the category stipulated by the Commission  
16 could be classified as follows:

17 (a) Persistent offenders who have been  
18 delinquent since childhood; have been exposed  
19 to all correctional resources of juvenile and  
20 adult courts, in many cases including the  
21 penitentiaries. The use of drugs has in  
22 these instances been superimposed on a grave  
23 personality disorder. There appears to be no  
24 essential difference between those who are  
25 equally delinquent but have not been convicted  
26 of drug offences. This group uses drugs as an  
27 expediency and an exploitation of a way of life  
28 which is secondary to more traditional criminal  
29 activities.

30 (b) A high proportion of those



1 convicted of offences involving these drugs are  
2 first offenders, socially inadequate, drop-outs  
3 from school and employment, and form a sub-culture.  
4 These present no disciplinary problem in prison  
5 and are suitably located in a correctional  
6 forestry camp, such as Camp Snowdon. They  
7 would conform to any routine, although not  
8 abstaining from use of drugs on release. They  
9 will be more cautious the next time, both as regards  
10 use and the awareness of the presence of undercover  
11 policemen. The members of this group have  
12 skills but are indisposed to evolve them.

13 (c) A group which three years ago  
14 was predominant comprises very few now and is that  
15 of the first or second year university student.  
16 The tendency at present is toward a lower educational  
17 standard. These users often show considerable  
18 insight and are well aware of the neuropharmacological  
19 processes involved, both benign and toxic. Any  
20 one who uses these drugs as 'consciousness-  
21 expanders' or 'mind-expanders,' would probably  
22 be in this category.

23 (d) The grossly neurotic and  
24 fringe psychotic group. Those in this group  
25 have exceeded all limits in the taking of drugs  
26 and have shown no discretion in the type of drug  
27 used. For example, they have become orgiastic  
28 in their use of methedrine and L.S.D.  
29 intravenously. In prison some have recurrent  
30



1  
2 trips and show markedly schizoid features in  
3 their personality. We see very few individuals  
4 of this category in prison. Doubtless they  
5 are mainly to be found in psychiatric clinics --  
6 out-patient and residential, but are not sent there  
7 from prisons. They appear to adjust to a medium  
8 security program, after a length of time  
9 of adjustment which varies considerably. Of all  
10 those who have passed through Oakalla Prison Farm  
11 charged with offences related to these drugs  
12 only three have been committed to Riverview  
13 Hospital as psychotics. A very few have to be  
14 transferred to a maximum security unit."

15 The recommendations, Mr. Chairman,  
16 which follow, in my opinion are:

17 "1. Adequate research, sociologically,  
18 physiologically, pharmacologically, and  
19 psychiatrically.

20 2. Education at an early school  
21 grade after factual appraisal of all the drugs,  
22 deduced from the above fields of research.

23 3. Provide full counselling  
24 services in the schools by specifically trained  
25 counsellors.

26 4. Build smaller schools (desirable  
27 maximum 500 students).

28 5. Consistent approach by all  
29 departments of education.

30 6. Avoid 'scare' publicity; sober





1  
2 approach to the problem and objectivity in all  
3 communications.

4 7. Provide regional agencies for:

5 a) treatment

6 b) counselling of interested  
7 individuals such as parents, clergy, youth leaders,  
8 leaders of organizations and industry.

9 c) advice concerning the education  
10 of the community at large.

11 d) research

12 e) act as responsible bodies  
13 to advise the Federal Government and make recommendat-  
14 ions.

15 8. Remove marijuana from the Narcotic  
16 Act.

17 9. Ensure consistency of sentencing.

18 10. Do all that is possible to keep  
19 first offenders out of gaol.

20 11. If a gaol sentence has to be  
21 given, carefully segregate the otherwise non-  
22 delinquent users of these drugs from those found  
23 to be delinquent in other aspects.

24 12. Constant review of total  
25 drug situation and ~~have means~~ rapidly to amend the  
26 law in the light of experience."

27 Now, Mr. Chairman, in light of  
28 the statistics, we took a twelve months period  
29 which began in April 1, 1968 to March 31, 1969,  
30 and the total admissions of individuals convicted



1  
2 of offences relating to drugs, in your referendum,  
3 were two hundred and thirty-nine.

4 At the present time, October 25,  
5 1969, we have sixty-five in custody.

6 The age of admission, 90% were  
7 between the ages of 16 and 25.

8 The year of Entry to British Columbia,  
9 33% have come to British Columbia since 1966,  
10 31% since 1965. Those born in British Columbia,  
11 36%.

12 Educational admission, 13% were  
13 grades 5 to 8. 77%, nine to twelve, and  
14 university 10%.

15 Now use of liquor, 33% abstain,  
16 51% temperate and 16% intemperate.

17 Previous admissions, 76% have no  
18 previous admissions or would be considered as  
19 first offenders in our classification, 16% had  
20 previous admissions, -- 38 had previous admissions.  
21 And some with lengthy admissions. These varied,  
22 as you know, pretty considerably from one month  
23 to under two months. 8 were sentenced under one  
24 month, two to three months, ten, and up to  
25 six months, 65. Six months to twelve months,  
26 35, twelve months to eighteen months, 6; eighteen  
27 to twenty-four months, 4; and twenty-four months  
28 or more, 11.

29 That is to say the highest percentage  
30 was 27% with three to six months.



1  
2 And that, Mr. Chairman, is my  
3 submission.

4 THE CHAIRMAN: Your structure for  
5 some questions are clarified in my mind, particularly  
6 through your submissions, but some questions come  
7 to mind.

8 I notice in table I, you give a  
9 figure of admissions to ~~provincial~~ jails, as 239 of  
10 convicted soft-drug users. Now that strikes the  
11 youth.

12 DR. LEHMANN: Dr. Richmond, somebody  
13 gave some information yesterday that one of the  
14 penitentiaries -- I am not quite sure-- but it  
15 was about a hundred or more than a hundred of  
16 addicts, only two had taken marijuana prior to  
17 going on to heroin, but 70% had taken heroin --  
18 had taken marijuana before they had heroin.  
19 In other words, in that population heroin led to  
20 marijuana use. Now would you say that the same  
21 applies to Oakalla, that most of the heroin addicts  
22 had taken marijuana after?

23 DR. RICHMOND: They wouldn't  
24 consider the ones who had come through Oakalla  
25 as you know, they don't bother with marijuana.

26 DR. LEHMANN: They would not.

27 DR. RICHMOND: Oh no.

28 DR. LEHMANN: So they had not  
29 taken marijuana before they went on to heroin?

30 DR. RICHMOND: I am referring to the





1  
2 heroin addict. These are different to the --  
3 the marijuana users have no occasion to use heroin.  
4 This is a different group altogether. I imagine  
5 you are referring to our criminal heroin addict.

6 DR. LEHMANN: But the heroin addicts  
7 had not taken marijuana, they might experiment with  
8 marijuana, but they did not stop at marijuana.

9 DR. RICHMOND: Oh no.

10 THE CHAIRMAN: Professor Bertrand?

11 PROFESSOR BERTRAND: You mentioned  
12 in your recommendations, Dr. Richmond, at point  
13 9, to ensure the consistency of sentencing.  
14 Would there be any opinion of yours that would  
15 have led you to this recommendation? Have you  
16 observed any inconsistencies of sentencing?

17 DR. RICHMOND: Earlier we had  
18 had sentences for possession of marijuana. This  
19 hasn't happened lately, but the rest as regards  
20 as to whether they go on the length of sentence  
21 in provincial jail or probation is not causing  
22 a great deal of concern. I think they are  
23 relatively consistent, but it is the growth  
24 differentiation I was meaning.

25 THE CHAIRMAN: Doctor, I want you  
26 to explain what you mean by the 8th recommendation,  
27 "Remove marijuana from the Narcotics Act". What  
28 precisely does that mean, that you want to remove  
29 the criminal character? You want to make it  
30 non-criminal generally?



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DR. RICHMOND: Not as criminal.

Subject to the wisdom of legal counsel, but in my experience, the sentences, convictions under the Narcotics Act have a much greater stigma throughout life than those under the Food and Drug Act.

I think there are certain permanent restrictions which remain after the convictions under the Narcotics Act, am I not right, that do not apply to those, under the lesser Act?

THE CHAIRMAN: Would you care to comment on that, Mr. Bowlby?

MR. BOWLBY: I think, Mr. Richmond -- a person still carries the record with him whether it is under the Narcotics Act or whether it is under the Food and Drug Act, but I wanted to know, your recommendation number 8, is it your feeling that the possession of marijuana should cease to be an offence?

DR. RICHMOND: I think that we should still keep it as an offence.

MR. BOWLBY: But you feel it should be under some other statute, not under the Narcotic Control Act?

DR. RICHMOND: Exactly.

MR. BOWLBY: Now, one further question, if I may, in regards to the incarceration of young people who are being convicted of possession of marijuana, has it been your experience that their incarceration in any prison



1  
2 serves any useful purpose, either to the offender  
3 or his way -- or a way of deterrent to those who  
4 are -- others who are using drugs?

5 DR. RICHMOND: I would like to  
6 point out you are indicating a very specific  
7 group of individuals. I don't think we get the  
8 more adequate users if you follow me. I think  
9 we get the less adequate users, people who have  
10 got exhausted with it to some extent, both  
11 socially and sometimes physically from this habit --  
12 from this way of life, and therefore I am only  
13 speaking for the -- the weaker members of our  
14 social problem group, and these weaker members  
15 go through a time, I think, of fairly constructive  
16 reorientation and contemplation. They are  
17 removed from their environment really hopefully  
18 from the source of their drugs for a time, and  
19 I find that they haven't come in exhausted from  
20 marijuana, but they are extremely tense and  
21 over-active from amphetamines and a few are  
22 disturbed after the use of LSD, if you follow me.  
23 These are the people who seem to profit from a  
24 period of rest, really.

25 MR. BOWLBY: You haven't had an  
26 opportunity then to study the effect they have on a  
27 student who has just taken marijuana and who has  
28 been sentenced to a penal institution which has  
29 taken place across this country?

30 DR. RICHMOND: Yes, I must be at





1  
2 a loss here because I haven't met the young  
3 prisoner who has not taken -- who has just taken  
4 marijuana. I couldn't tell you one. Almost --  
5 the ones I have interviewed went to a considerable  
6 portion that I have just mentioned, they have  
7 all taken other drugs and these are the ones that  
8 worry me, not marijuana so much, but marijuana  
9 seems to be the opening to the other.

10 THE CHAIRMAN: What is the basis  
11 for your feeling that possession for marijuana  
12 should remain an offence subject to prison ---

13 DR. RICHMOND: I would refer you  
14 again to the school. If we are going to protect  
15 the weaker members of society, marijuana has a  
16 **very** close link to -- too close of a link to these  
17 other drugs which I find and believe are dangerous.

18 THE CHAIRMAN: What is that --  
19 what is the basis of your opinion?

20 DR. RICHMOND: I know what the  
21 ladies and gentlemen of this group here today  
22 would say in contradiction to this, but they  
23 would say that the cult of which this is a  
24 **phenomenon** is established because marijuana --  
25 because these are illegal, but I still say  
26 that marijuana opens the door to the cult of the  
27 common use of these other drugs, that the same  
28 people use them.

29 THE CHAIRMAN: But we are talking  
30 here, are we not, about heroin addiction as being



1  
2 a thing that we are most concerned about and to  
3 avoid it?

4 DR. RICHMOND: No, I wasn't. I  
5 agree with you in this area. It is a dangerous  
6 situation, but this is not my major anxiety  
7 personally, amphetamines -- yes, and the unwise,  
8 the uncontrolled use of LSD.

9 THE CHAIRMAN: Is there -- the  
10 uncontrolled use of LSD. What is the relationship  
11 between marijuana and Speed?

12 DR. RICHMOND: There is no  
13 physiological relationship as far as I am aware,  
14 but it seems to be an escalation of a social  
15 nature, but an environmental nature. It is the  
16 thing to do. They all seem to go out from  
17 marijuana to LSD and then to amphetamines.

18 THE CHAIRMAN: We are told the  
19 psychology of two populations are quite  
20 different. That opinion has been suggested,  
21 different needs, different causes, different  
22 responses of marijuana and speed. They are  
23 different populations basically. Maybe it is the  
24 movement. This is what we have been told.  
25 What is your point?

26 DR. RICHMOND: My experience is  
27 we don't see a different population, it is the  
28 same population to us. Is that clear? We  
29 are not dealing with two different types at all.

30 THE CHAIRMAN: You are not dealing



1  
2 with two different types psychologically?

3 DR. RICHMOND: No, socially.

4 THE CHAIRMAN: I don't mean  
5 population in a social sense, we speak -- we tend  
6 to speak in our Inquiry of drug population. It  
7 may not be the appropriate word, but in other words,  
8 society or response, but significance of the  
9 drug use, the different -- the dynamics may be  
10 different. Have you not perceived there are  
11 differences between persons using marijuana and  
12 persons using speed?

13 DR. RICHMOND: No, because I have  
14 never seen people just using marijuana.

15 MR. STEIN: Dr. Richmond, maybe  
16 the question we are trying to get light on is one  
17 that is difficult for you to respond to. What  
18 you are telling us is the population you are  
19 dealing with is the prison population. One  
20 of the points that is being made to us is that  
21 the number of marijuana users -- I noticed Life  
22 magazine today on the newsstand today, talks  
23 about twelve million Americans; last night we  
24 were told a figure of something like twelve  
25 thousand students is the minimum if we talk  
26 about 20% of experienced marijuana users.  
27 Are you suggesting the population you deal with  
28 doesn't show any considerable difference --  
29 that is your statement. Would you care to comment --  
30 well, you have made the observation that one seems





1  
2 to be the opening to the other. Are you  
3 restricting yourself to the prison population,  
4 because it seems to me this is a hard thing to  
5 substantiate if we look at the wider use of the  
6 drug in the community?

7 DR. RICHMOND: This is absolutely  
8 true. I refer my remarks to this unique  
9 prison group population.

10 MR. STEIN: Could I ask you one  
11 other question? You said that you would like  
12 to see the marijuana offence removed from the  
13 Narcotic Act. Is it your feeling that it would  
14 be better under the Food and Drug Act, and you  
15 are aware, I presume, that this carries a sentence  
16 which is one that follows the person much the  
17 same as a criminal conviction under the Narcotics  
18 Act would.

19 DR. RICHMOND: No, I wasn't aware  
20 of that. I would suggest, then, some legislation  
21 which does not stigmatize a person.

22 MR. STEIN: In other words, if  
23 the Food and Drug Act, and correct me if I am  
24 wrong, the Food and Drug Act conviction does  
25 carry a conviction which follows one indefinitely;  
26 is that right, Mr. Bowlby?

27 MR. BOWLBY: A summary conviction  
28 up to eighteen months and on indictment up to  
29 ten years, and the conviction is registered in  
30 Ottawa.



1  
2 THE PUBLIC: Mr. Chairman, could  
3 you have that gentleman speak up a little? We  
4 are all interested.

5 THE CHAIRMAN: Yes, could you  
6 repeat that, Mr. Bowlby? The question is whether  
7 the conviction under the Food and Drug Act carries  
8 the same stigma as one under the Narcotic Control  
9 Act?

10 MR. BOWLBY: Under a conviction  
11 for trafficking a controlled drug, controlled drugs  
12 are those set out in Section G, and the summary  
13 conviction carries sentence up to eighteen months,  
14 and if the Crown proceeds by indictment, the  
15 sentence may be up to ten years. And in  
16 trafficking under Schedule J, which includes LSD,  
17 the summary conviction, trafficking or now  
18 possession of LSD, the summary conviction is  
19 eighteen months, indictment up to ten years.  
20 And a conviction under the Food and Drug Act  
21 is registered in Ottawa in the same way as a  
22 conviction under the Narcotics Control Act is --

23 THE CHAIRMAN: Excuse me, I  
24 want to get to this about the multiple drug use.  
25 You have only seen multiple drug use in prison  
26 populations?

27 DR. RICHMOND: Yes.

28 THE CHAIRMAN: You have never seen  
29 people using marijuana?

30 DR. RICHMOND: I haven't, personally



1 |  
2 |                   not  
3 | haven't, and I have/interviewed them all, two  
4 | hundred and thirty-nine, but I have interviewed  
5 | a considerable number and I just haven't seen the  
6 | marijuana user in prison.

7 |                   THE CHAIRMAN:   You can't say as  
8 | a positive statement of fact, that there aren't  
9 | any people in that prison population who haven't  
10 | used marijuana?

11 |                   DR. RICHMOND:   A sampling.

12 |                   THE CHAIRMAN:   A sampling of the  
13 | population.

14 |                   DR. RICHMOND:   That is true.

15 |                   DR. LEHMANN:   Dr. Richmond, may  
16 | I test the limits of your personal opinion on this:  
17 | From your clinical experience with the prison  
18 | population I presume you have extrapolated --  
19 | now, what is your clinical feeling about this?  
20 | Would you feel that -- you may for instance feel  
21 | that marijuana by itself is not particularly  
22 | dangerous.       Would you go so far as to advise  
23 | somebody if it was illegal, advise somebody  
24 | against the use of marijuana because as you said,  
25 | it would open the door to other drugs and therefore  
26 | your main -- well, feeling that there is a risk  
27 | involved, would not be the marijuana use but to  
28 | open the door to other multiple drug use?       This is  
29 | your clinical opinion?

30 |                   DR. RICHMOND:   Yes.

                  DR. LEHMANN:   Do you think -- now,





1  
2 there is no law against the use of speed and these  
3 dangerous drugs, particularly the use of speed.

4 Would you then feel inclined to find some  
5 government imposed regulation that would prohibit  
6 the use of marijuana mainly because it would so  
7 easily open the door to the other drugs which are  
8 not controlled?

9 DR. RICHMOND: In my experience,  
10 yes, that would be my recommendation.

11 DR. LEHMANN: I see. Thank you.

12 THE CHAIRMAN: Doctor, I must  
13 persist with this question of the association  
14 to understand your view. Have you found from your  
15 sample that every case you have encountered is  
16 a case of multiple drug use? Do you infer from  
17 that simply that the use of marijuana predisposes  
18 to the use of other drugs, or is there something  
19 more?

20 DR. RICHMOND: When you say  
21 predisposing, do you mean physiological predisposition?

22 THE CHAIRMAN: Any kind,  
23 psychological ---

24 DR. RICHMOND: It is psychological  
25 and cultural -- subcultural. I don't think the  
26 actual physical purchases render a person more  
27 vulnerable, not to any significant extent.

28 THE CHAIRMAN: But Doctor, in Toronto  
29 we were told in public, by people, many people  
30 who acknowledge being users of marijuana, we were



1  
2 told that speed should be suppressed, that we  
3 should advocate a strengthening of the laws, that  
4 speed kills, that was a thing that ~~was~~ shunned  
5 and in fact one group, one community that spoke  
6 to us, said that they expel speed freaks and  
7 I believe this to be true.

8 DR. RICHMOND: I am sorry, I  
9 did not understand that.

10 THE CHAIRMAN: One community in  
11 which there is obvious extensive use of cannabis,  
12 said that they expel speed freaks, the users of  
13 speed, and we heard this very strong. It is  
14 not a question of people coming forward and saying  
15 you should suppress speed. But what is  
16 concerning me is the strong suggestion that people  
17 who are using cannabis, are aware of the dangers  
18 of speed, aware of the dangers of heroin, aware  
19 of the dangerous qualities. They have said to  
20 us they don't want to fall into the trap of speed  
21 and heroin, and I am wondering, I have to be  
22 convinced that the person using cannabis is  
23 not capable of seeing this danger, but there is  
24 something about that first step, which reduces  
25 the capacity of self-defence, which reduces the  
26 discrimination and awareness, and I have to be  
27 convinced of that, and I wonder what the evidence  
28 is. Have you studied case histories, have  
29 you studied the psychology of this thing or do  
30 these interests always stem from the existence of



1  
2 multiple use -- any assistance you could give us  
3 there?

4 DR. RICHMOND: Yes, I wish I could  
5 compare these two groups, but I repeat I have no  
6 knowledge of the ones which seem to be not vulnerable  
7 to these other drugs. I can only talk to you  
8 about the ones that we know, the ones that we  
9 experienced as vulnerable. I agree from what I  
10 hear that there must be a number of people who are  
11 just not reliable. We just don't need them  
12 and therefore they are not happy there.

13 THE CHAIRMAN: Well then, Doctor,  
14 from your experience with the addicts, have you  
15 formed an opinion, as to what the psychologists  
16 say constitutes this vulnerability and is this  
17 something that exists with the one who takes  
18 marijuana? What is your experience in that?

19 DR. RICHMOND: I would suggest  
20 that you are in a position to compare these people  
21 and I am not, but if you are in a particular  
22 group that there are perhaps more disturbed people  
23 in the ones that you find that are not vulnerable  
24 to these other drugs and therefore we are dealing  
25 perhaps with a small disturbed group, and I can  
26 only say this, that I found no specific difference  
27 between the few who got on to heroin, who wanted  
28 heroin. One common factor is that all of them  
29 were disturbed people.

30 PROFESSOR BERTRAND: Just to be sure





1  
2 that I understand you perfectly, it seems to me  
3 that we are dealing today in this audience with a  
4 sample population in which perhaps if we could  
5 be open and frank, there would be some that would  
6 say that 15% of us who have sometime taken a drug,  
7 marijuana, hashish, or I don't know what. Some  
8 may start taking drugs, some may go on taking one  
9 drug and others as you say, may go on taking other  
10 drugs. All right. The proportion of us who  
11 would go on taking other drugs is, I would say,  
12 much smaller than the percentage here that have  
13 taken drugs once, or one drug.

14 Then we go to your prison population,  
15 interested only in drug users, and among those  
16 drug users now we are receiving a number of  
17 offenders who have escalated in their use of  
18 marijuana and hashish to LSD and others of a similar  
19 nature, varying from some degree and finally to  
20 heroin, which is again, I think, much narrower,  
21 in a prison population with special characteristics  
22 of its own.

23 All right, you say I would tend to  
24 think that a person who takes other drugs are  
25 more vulnerable, psychologically, than the ones  
26 who occasionally take one drug, get away from it,  
27 take it again, and so on. And when we ask you,  
28 have you seen any special, very specific psychological  
29 virility in the heroin users, I am sure I understood  
30 your answer to this, neither do I know exactly



1  
2 if you think there is a so-called criminal profile  
3 in those persons using many drugs and coming  
4 into your prison and this relates to a very  
5 important question, do you see those persons  
6 as criminals?

7 DR. RICHMOND: No, not in dispute.  
8 I would not regard them as criminals.

9 MR. STEIN: Well following, Dr.  
10 Richmond, right along that question, I have  
11 difficulty in understanding, especially your --  
12 what I take to be your concern for what is needed  
13 for the people when they come to your prison,  
14 you described as a rest, mostly a feeling of a  
15 medical rest cure of sorts, I wonder what do you  
16 feel is the justification of the prison treatment;  
17 is -- could you use it. We are talking now  
18 about the person who is using drugs, because it  
19 has been said to us again yesterday by the Civil  
20 Liberties people, among others, that persons who  
21 are abusing themselves through excessive drug  
22 use ought not to be seen in jails. They should  
23 be treated medically, when they are in need of  
24 this treatment. Could you explain what your  
25 rational is for justifying the prison as a form  
26 of treatment for drug abusers?

27 DR. RICHMOND: Yes, I would like  
28 to say when I say a rest, I do not mean arrest,  
29 I mean a rest from the drugs really. But I would  
30 agree with you and I would make it one of my



1  
2 recommendations that we should keep them all out  
3 of prison if at all possible, and whether this  
4 can be achieved, by supervision and observation,  
5 I do not know. I would certainly like to see  
6 this tried to the utmost possible extent.

7 As regards those who are sent to  
8 prison and perhaps fail on observation or supervision,  
9 in this area, this can be a term of physical  
10 reconstruction, physical rehabilitation as well  
11 as mental and spiritual in a way, in that ~~these~~  
12 camps, such as the Forestry Camp, must, so far as  
13 our marijuana soft drug users and drug users go  
14 to Forestry Camps and they are planting little  
15 trees, it is a sort of creative activity, it is  
16 quiet, and it is almost sort of a treat only  
17 unfortunately it is under legal sanction.

18 This is what I mean. our people  
19 don't ask for treatment, they just don't, they  
20 never ask for it, or very rarely, but sometimes  
21 in a group, as I mentioned the term psychotic,  
22 the University of Toronto people --

23 ~~called a type of~~ MR. STEIN: Alluding to a form  
24 of a type of hospital like setting, would this in  
25 your estimation be appropriate with sanctions?

26 DR. RICHMOND: No, not in the  
27 group I am mentioning.

28 MR. STEIN: Let me get this,  
29 because it has been suggested that the effects of  
30 a prison is in some ways much the same as commitment





1  
2 to a hospital setting -- the stigma -- I am  
3 repeating your point here, but the stigma following  
4 is so great that what you would describe -- and I  
5 know Camp Snowden, and I can imagine it is a very  
6 pleasant place to spend a few months, but the  
7 point here, there is a prison record following,  
8 and this could not be minimized, I feel.

9 DR. RICHMOND: Well this is what  
10 I was asking. I hope it could be minimized.

11 MR. STEIN: You didn't perceive  
12 that, you did say when I questioned you about the  
13 Narcotics Act and the Food and Drug Act, and  
14 you thought the Food and Drug could carry this  
15 sentence. You made reference to legislation.  
16 Could you explain that please?

17 DR. RICHMOND: If you want the idea  
18 of incarceration, it does seem to me that you  
19 would need to have it quietly known, because it  
20 sounds to stigmatizing to me.

21 DR. LEHMANN: May I ask you this  
22 question in this respect? There are only two  
23 possibilities which one may take to force somebody  
24 to stay away from drugs, because as you say these  
25 people don't want treatments and do not want to  
26 get away from it. One is under the criminal act  
27 in the prisons and the other is under the Mental  
28 Health Act, and enforced hospitalization.

29 Now would you say that the people  
30 who need a rest from the drugs should be forced



1 under the Mental Health Act rather than under  
2 the Criminal Act?

3 DR. RICHMOND: This is a very  
4 difficult question because I don't feel that the  
5 categories -- a section yes, but as a total  
6 group, no. I don't feel they should be left  
7 alone there. I say no from the Mental Health  
8 Act. If there is any way of philosophical,  
9 sociological, clinical approach, which is  
10 specifically mental health, I prefer that; I may  
11 be incorrect, but I feel we should suggest  
12 something in this regard.

13 DR. LEHMANN: Well should they not  
14 be left alone? Should they be under the Mental  
15 Health Act or the Criminal Act?

16 DR. RICHMOND: There should be some  
17 legal counsel, and as I say from my experience with  
18 this particular group, they need a period of  
19 appraisal and some control department.

20 MR. CAMPBELL: Dr. Richmond, I  
21 take the conclusion is, that on the basis of the  
22 drug users you have seen, and explicitly on that  
23 basis, and because of the pathological drug use,  
24 you feel that marijuana must remain illegal?

25 DR. RICHMOND: Yes, from the  
26 group that I am describing.

27 MR. CAMPBELL: I wonder, do you think  
28 it wise to generalize from this presumably very  
29 special population that in the recommendation of  
30 social policy that applied to a very much wider



1  
2 population, these people who are in prison are  
3 presumably people who have been involved in  
4 intense and long drug use, deeply involved in that  
5 subculture. Secondly, from all of those, from  
6 one of these to the other, are those who are  
7 arrested and convicted, it seems to me to be a  
8 very special population. I wonder why you  
9 feel safe in generalizing what you observed,  
10 that they and their drug use <sup>can be used</sup> to make recommendations  
11 to a social policy?

12 DR. RICHMOND: It seems to me a  
13 generally wide philosophical question. Are we  
14 going to do something to protect the more vulnerable  
15 and weaker member in society at the expense of  
16 those who are not so vulnerable? I believe I  
17 have been in my professional life amongst the  
18 weaker members of society, and I feel that anything  
19 we can do to protect them is just ---

20 MR. CAMPBELL: Well how are we  
21 going to answer? You are now stating to me a  
22 view that is put to me very frequently. How  
23 are we going to justify the use of alcohol,  
24 which is seen as a drug of aggression which is  
25 very responsible for a very large number of  
26 deaths, how is society to permit the use of this  
27 drug and not permit marijuana without being  
28 very hypocritical in the eyes of a great many of  
29 these people?

30 DR. RICHMOND: Well I feel





1  
2 that the greater danger -- it is being hypocritical  
3 in the way we differentiate, I would agree, I think  
4 alcohol should be more greatly controlled than  
5 ~~thenowise~~.

6 MR. CAMPBELL: There are a couple  
7 of points in your brief that I would be interested  
8 in hearing you expand on, talking about the  
9 particular sources of this pattern, item 6,  
10 increasing permissiveness and authority figures  
11 and item 12, a seductive medium for idleness.  
12 Would you describe this for me?

13 DR. RICHMOND: Well again, this  
14 applies to the particular groups that we have,  
15 where the lack of a figure of security within a  
16 family unit seems to be decreasing -- and increasing  
17 licence of habits, ways of living. I think this  
18 is becoming more evident but this is not only in  
19 this particular -- I mean it is so with our  
20 delinquent groups that we see in the home, and  
21 this is what I am referring to, but out of that  
22 there seems to emerge, the same pattern that the  
23 soft drug users, who were not previously  
24 delinquent, -- but still the same problem.  
25 A seductive medium for idleness, my experience  
26 with this is, that they are more contemporate,  
27 and that this does seem to be a medium for --  
28 a catalyst for a sort of withdrawal from  
29 activity -- or detachment, perhaps I should use  
30 rather than idleness. Is that clear?



1  
2 THE CHAIRMAN: Doctor, could you  
3 describe a little detail of the social economic  
4 educational background of the soft drug user  
5 of the present population, 90% of whom are  
6 between the ages of 16 and 25, and 76% of them  
7 were serving three months or more.

8 Now there is some allusion in  
9 your brief to education, as I understand at page --  
10 it is not numbered, page 4, you classify the  
11 population, and as I understand the second  
12 category,

13 "(b) A high proportion of those  
14 "convicted of offences involving  
15 "these drugs are first offenders,  
16 "socially inadequate, drop-outs  
17 "from school and employment,  
18 "and form a sub-culture. These  
19 "present no disciplinary problem  
20 "in prison and are suitably  
21 "located in a correctional  
22 "forestry camp, such as Camp Snowdon.  
23 "They would conform to any routine,  
24 "although not abstaining from use of  
25 "drugs on release. They will be  
26 "more cautious the next time, both  
27 "as regards use and the awareness of the  
28 "presence of undercover policemen.  
29 "The members of this group have skills  
30 "but are indisposed to evolve them."



1  
2 Then you observe in the third  
3 category,

4 "(c) A group which three years  
5 "ago was predominant comprises  
6 "very few now and is that of the  
7 "first or second year university  
8 "student. The tendency at present  
9 "is toward a lower educational  
10 "standard.

11 Could you give us your understanding of the use  
12 of the soft drug -- soft drug population?

13 DR. RICHMOND: The last point of yours,  
14 I feel perhaps is a simple explanation in that  
15 the university group are not being prosecuted so  
16 much, if at all. I would say at any rate, so  
17 much for possession of marijuana. In fact, the  
18 sentencing -- the convictions now are predominantly  
19 now, I believe, for trafficking and not possession.  
20 And therefore that has eliminated or tends to  
21 eliminate the University group who used to be  
22 prosecuted and sentenced for possession. The  
23 social state of power people in this category,  
24 there is enormously a -- varies widely. The  
25 group, the persistent offenders, come from the  
26 same sub-culture or criminal group of the other  
27 offenders in Oakalla.

28 That is to say they are mainly  
29 from the underprivileged sections of society.  
30 But the remainder vary from the affluent overprivileged





1  
2 groups to the -- we can presume to use the word  
3 "average middle class group", so that there doesn't  
4 seem to be a significantly economic fact in that  
5 category of soft drug offenders -- users.

6 What were your other points?

7 THE CHAIRMAN: Well, I mentioned  
8 this background, economic, educational and perhaps  
9 you have covered it.

10 MR. STEIN: Dr. Richmond, you  
11 made a statement I would like to be sure I am  
12 correct in understanding. You suggested that  
13 most of your experience has been within the  
14 prison population with what you called the weaker  
15 members of society, and I think you were suggesting  
16 that it was your feeling that anything, and  
17 these were the words I think you used, that  
18 could be done to protect the weaker members of  
19 society would be a positive thing in your  
20 estimation. Now, the R.C.M.P. in our hearings  
21 in Toronto made a statement something to the  
22 effect that two thousand criminal records was  
23 not too great a price to pay for the protection  
24 of various young people from multiple drug use.  
25 Yesterday and again last night, we were referred  
26 to the Ouimet Commission as a document that is  
27 something recommended to us, and as you know  
28 was recommended by the Canadian Corrections  
29 Committee which they suggest the appropriate role  
30 of criminal law is not to protect people from



1  
2 themselves, except as a very last resort.

3 Now, what I am really saying to you,  
4 is are you quite convinced that the protection  
5 of what you referred to as the weaker members of  
6 our community, if that is what in fact they  
7 are, is not too great a price, that the prison  
8 records for the various people who are getting  
9 them and those in the community who are feeling  
10 harassed and the objects of police persecution  
11 and this isn't too great a price to pay.  
12 You don't feel it is?

13 DR. RICHMOND: No. I think you  
14 can equate this with the alcoholic situation  
15 where are you going to retain some enforced  
16 method of treatment and detention for the gross  
17 alcoholic.

18 MR. STEIN: Well, let me put you  
19 on that a bit, because at the moment the alcoholic  
20 situation has a distinction between use and abuse.  
21 It is possible to use alcohol, you know, and not to  
22 be considered a criminal. If you are an abuser  
23 and you become involved in some activity that  
24 is criminal, then you come before the Courts.  
25 The use of marijuana by its very nature is  
26 abuse in the eyes of the law, so I am not sure  
27 that ---

28 DR. RICHMOND: Well, this is my  
29 opinion, it is inconsistent, that alcohol should be  
30 exactly on the same basis, that use is also abuse.



1  
2 MR. STEIN: Are you suggesting  
3 prohibition then?

4 DR. RICHMOND: Well, about --  
5 I don't think, -- really, yes.

6 MR. STEIN: All right.

7 DR. LEHMANN: I was just wondering  
8 if you had any explanation why the educational  
9 level was low in prison and why the student is no  
10 longer appearing in the prison for possession,  
11 but others with lower education do appear. And  
12 you mentioned before once, that you thought that  
13 those you see in prison are distinguished from the  
14 other drug takers because of their greater  
15 inadequacy. Would this mean that they are less  
16 able to cope with social problems and therefore ---

17 DR. RICHMOND: Yes.

18 DR. LEHMANN: So would the police  
19 then arrest those that are less able to cope?

20 DR. RICHMOND: That is what  
21 happens.

22 THE CHAIRMAN: Doctor, on page 2  
23 of your brief you have listed a number of reasons  
24 for drug use, which are particular -- after  
25 what you found on the general social conditions  
26 that are pertinent. I believe we have heard at  
27 our hearings the question, is there nothing positive  
28 to be said about the non- / use of drugs, why  
29 must it always be negative, why must we always list  
30 the negative fact?





1  
2 Is it not possible to have the  
3 factors here when it is becoming so prevalent ---  
4 what would be your answer on that?

5 DR. RICHMOND: Then again, Mr.  
6 Chairman, we don't see the one on -- significantly,  
7 or positive features.

8 THE CHAIRMAN: Well, Doctor, you  
9 have been very helpful and thank you on behalf  
10 of the Commission for your presentation, and  
11 response to our questions. I wish you very good  
12 luck in your retirement.

13 DR. RICHMOND: Thank you very much.

14 THE CHAIRMAN: Are there any  
15 questions or observations before we -- on this  
16 discussion -- before we pass to the next  
17 submission?

18 THE PUBLIC: Excuse me, could I  
19 ask the Doctor a question?

20 THE CHAIRMAN: Would you like to  
21 go to the microphone?

22 THE PUBLIC: Could I ask the  
23 doctor a question? I am a high school graduate  
24 and I may be a criminal addict. I have been  
25 at Riverview, I have seen four psychiatrists,  
26 I had a nervous breakdown, I have tried different --  
27 I worked at Woodrin School for six months  
28 and I spent a week in Hollywood and I had a nervous  
29 breakdown. Would you agree I am neurotic?  
30 Be honest.



DR. RICHMOND: Yes.

THE PUBLIC: Yes. All right.

I started smoking marijuana last August when I was on Welfare and I spent six months on Welfare and I asked for help everywhere. I got it on my own and I have got a pamphlet of information there. The Mayor of this City and Vancouver City Council all know I smoke marijuana. Do you think I am dangerous? Do you think I could possibly go on to heroin or something dangerous? Be honest. Other than statistics. I mean just looking at me. And I am the vulnerable type. I am questioning you and you were using statistics against us -- across this nation, you are persecuting the young and that's what you can't see. The newspapers are ripping us apart and the Narcotics Addiction Foundation is ripping us apart, then the Civil Liberties Association finally lets loose and supports us and you sit here and you persecute us.

Now, tell me, am I the vulnerable type, am I dangerous?

DR. RICHMOND: I don't know really what differentiates you from the people that we see. I would have to spend a few -- you know, a bit longer. You are happy with us?

THE PUBLIC: No, I spent a week in Hollywood Hospital and my mother's personality



1  
2 was destroyed at Riverview Hospital in my childhood  
3 years. My father drank heavily and my older  
4 sister had a nervous breakdown in her early  
5 pregnancy and my younger sister had a nervous  
6 breakdown. They are both married. My family  
7 is split up. I am on my own, I am quite involved,  
8 that envelope is just full of information. I  
9 have tried to improve the mental health  
10 facilities on the lower mainland, the social  
11 welfare facilities, I haven't gotten anywhere.

12 Two things I have gotten done,  
13 Mayor Campbell took a trip to English Bay, the  
14 newspapers no longer bother the hippies. They  
15 no longer put letters about welfare recipients  
16 in the letters to the editors, because-I have lost --  
17 the few other things we haven't gotten done,  
18 just haven't got very far. Can you tell me you  
19 can use statistics against us? I am no  
20 criminal type, I have never been in prison  
21 and I don't blame people for going to prison  
22 because they are taking drugs. They shouldn't be  
23 charged as criminals, they are mentally ill.

24 Well, why don't you tell the  
25 Provincial Government that, instead of telling us  
26 we are wrong?

27 DR. RICHMOND: I think this is  
28 what the Commission is trying to get, what category  
29 or classification other than criminal we can find.

30 THE CHAIRMAN: Thank you, Doctor.





1  
2 summary offence, which means that you would be  
3 tried by the lower Court, by the Magistrate's  
4 Court, on a first offence the Magistrate could  
5 fine you a thousand dollars or give you up to  
6 six months. On a subsequent offence, the  
7 Magistrate could fine you up to two thousand  
8 dollars and give you one year.

9 Now, under -- you want to deal  
10 with LSD, that is in Schedule J of the Food and  
11 Drug Act. Possession of a restricted drug  
12 under Section -- under Schedule J has now  
13 become an offence. You may try -- be tried  
14 summarily for possession of LSD and receive a fine  
15 of up to a thousand dollars or six months.  
16 For a subsequent offence, a fine of up to two  
17 thousand dollars or one year. If the Crown  
18 proceeds by indictment on possession you may receive  
19 a fine of up to five thousand dollars or three  
20 years. Trafficking of LSD on the restricted  
21 drug -- under the Food and Drug Act, you may  
22 receive up to eighteen months if the Crown  
23 proceeds summarily and you may receive up to ten  
24 years if the Crown proceeds by indictment.

25 THE PUBLIC: Well, correct me if  
26 I am wrong, but I understand under the Narcotic  
27 Control Act that trafficking and possession for the  
28 purpose of trafficking is punishable by a prison--  
29 imprisonment for life. Should it be enforced  
30 by the Crown?



1  
2 MR. BOWLBY: All right, but you  
3 see, let us be careful with what we are talking and  
4 what Act we are discussing. If we are discussing  
5 the Narcotic Control Act, trafficking is under  
6 section 4, and that section gives the Crown the  
7 power to give a sentence up to life, for  
8 importing of marijuana the Crown has the power  
9 to imprison -- at least the Court has no option  
10 but to impose a prison term of seven years, up  
11 to a maximum of life imprisonment.

12 THE PUBLIC: Well if I were to be  
13 convicted of trafficking -- or possession, pardon me --

14 MR. BOWLBY: Possession for the  
15 purposes of trafficking?

16 THE PUBLIC: No, just possession;  
17 under which legislation would I be liable?

18 MR. BOWLBY: It would depend on  
19 what you possessed. If you were charged  
20 with possession of marijuana then you are under the  
21 Narcotics Control Act. If you are charged with  
22 possession of LSD or other substances which are set  
23 out in the Food and Drug Act, then you are subject  
24 to the penalties that I have just outlined for  
25 you.

26 THE PUBLIC: May I ask Dr.  
27 Richmond a question.

28 THE CHAIRMAN: Yes?

29 THE PUBLIC: Yes, it is in three  
30 parts. In the seventeen years that you were at  
Oakalla, are you satisfied that everything was done



1  
2 to turn the people, who were admitted, into better  
3 citizens and the second part is how does Oakalla  
4 Prison Farm compare with the B.C. Penitentiary here  
5 in British Columbia, and the last and final, where  
6 would you say to your knowledge is an example that  
7 Canada would fall in the treatment of the narcotics  
8 addict to turn them into better people than they  
9 are.

10 THE CHAIRMAN: Perhaps Doctor, if  
11 you would like to come back -- if that is convenient?

12 DR. RICHMOND: Well, in answer to  
13 your first question, there is a lot of course, that  
14 we would still like to do to increase the  
15 treatment facilities at Oakalla Prison Farm, in  
16 this particular regard we have got a long, long  
17 way to go, and I think you have gotten a little  
18 confused with the narcotic aspect which this  
19 Commission is not investigating. You are not  
20 talking really about heroin.

21 THE CHAIRMAN: Well, I should say  
22 that in this regard heroin is not excluded from  
23 our terms of reference, because it has psychotropic  
24 properties and our mandate is to investigate  
25 psychotropic drugs generally, but we have taken  
26 the position at least prior to coming here, that  
27 we would only tend to look at heroin in its  
28 possible relationship with the other drugs which  
29 are called soft drugs, although it has been impressed  
30 upon us while we were here, that the concentration





1  
2 of heroin addiction problems creates special  
3 problems, so we slightly have to alter our  
4 respective thoughts of the importance of heroin..

5 DR. RICHMOND: Yes. While this  
6 still does not -- it is still pretty strictly defined  
7 in our population, the criminal addict heroin  
8 user, and it is in regard to him. We tried small  
9 therepeutic groups in the paranotic unit which  
10 were not successful and really what happened is  
11 that any attempt at treatment of the narcotic addict  
12 is now really left, as I think you referred, to the  
13 B.C.Penitentiary system of Mastery on a residence  
14 basis, and the Narcotics Foundation, on an an  
15 out-patient basis. In other words, are we to, --  
16 at Oakalla, <sup>the purpose</sup> is to retain the individual in this  
17 category into a system in the ordinary physical  
18 ways for his withdrawal. There is no other  
19 specific attempted treatment at Oakalla of this  
20 nature.

21 I would like to try to describe to  
22 you some desirable -- some desirable situation,  
23 some desirable locations where they do treat  
24 heroin addicts adequately. I think the whole  
25 world is still in a state of experimentation over  
26 this and the results, so far as they are known, are  
27 very disappointing, and they have tried methedrine  
28 desoxyn in the drug treatments using mescaline,  
29 but I can only give you a rather vague answer to  
30 that question.



1  
2 THE CHAIRMAN: Thank you, Doctor.

3 I think I should now call upon Mr. Davis, the  
4 gentleman with the John Howard Society.

5 MR. DAVIS: Mr. Chairman, sitting  
6 waiting to appear before this Commission, has made  
7 me feel like one of the weaker members of society  
8 and I think in a way I want to address myself  
9 rather than, if I may -- with your permission, --  
10 rather than reading this statement that we  
11 presented to you, I assume that some of you will  
12 at least read it, and address myself to comments  
13 following on the discussion in the context of what  
14 has been said.

15 We feel very much that the term  
16 that has been set in this earlier discussion is a  
17 very important element of this problem, and that is  
18 we are not really faced initially with dealing  
19 with certain substances, but we are really faced  
20 with the issue of dealing with the way these  
21 substances are used, the use or abuse.

22 We are very conscious that there is  
23 a change from the sort of milieu of this issue  
24 as between the heroin problem of twenty, thirty,  
25 or forty years ago, at the time<sup>of</sup> initiation of the  
26 Narcotic Control Act and the present situation.  
27 One of the major elements of this change, in our  
28 view, and is made in our statement to you, is that  
29 the general<sup>value</sup> system of the drug using subculture  
30 is not very consistent with the general value system



1 of our general culture. There are particular  
2 ways in which it <sup>has</sup> ~~comes~~ to be, for our particular  
3 rationalizations for mal adjustment both on the  
4 part of the establishment and the ~~value~~<sub>y</sub>  
5 represented by the drug users and on the part of  
6 the drug users, the value represented by the  
7 establishment. But in most basic ways, the  
8 two ~~value~~ systems are now consistent and in  
9 particular they are consistent in the attitude  
10 to authority; ~~it has~~ rapidly changed from  
11 twenty, thirty, forty years ago, and in the  
12 attitude to gratification of impulse.

13 When you feel something -- it is  
14 our business system, it is our business community  
15 now who is saying if you want to buy it, not if  
16 you want to deny yourself, but in order to  
17 the end result being that you should not be  
18 denied to have it. It is the response that  
19 we are led to believe by our physicians; Dr. Lehmann  
20 mentioned yesterday the low tolerance of pain  
21 that the doctor has, and this responds to the low  
22 tolerance of pain with the availability of the  
23 pharmacological way of relieving the pain; which  
24 makes these two value systems similar.

25 I think that the issue then is,  
26 how do you deal with the different ways of --  
27 these same substances in the form of social  
28 control. With narcotic drugs the issue is <sup>not</sup> ~~is~~ too  
29 difficult a one. There is the clear question,  
30 a clear indication that these have become addicted





1  
2 to narcotic drugs and also to some other drugs,  
3 and there is a basis for some state intervention  
4 in terms of exposure of this addiction.

5 With what is known as the soft drugs,  
6 the issue I think, is much more cloudy. As has  
7 been indicated in the earlier discussions, any  
8 efforts at enforcement of possession, of laws  
9 against possession, are essentially discriminatory.  
10 They essentially involve, as has been indicated,  
11 one sample, or one particular part of the population  
12 qualifying with the law, which in effect receives  
13 the effect of the law or winds up, say, in prison.  
14 It is very clear, that while Dr. Richmond was  
15 dealing with one sample of marijuana users, there  
16 are many other samples which never get to prison,  
17 and in effect any law which was effectively and  
18 indiscriminantly enforced for the possession of,  
19 say marijuana, would require the development of  
20 the state to the point of "Big Brother."

21 And I would suggest that that is  
22 a price too big to pay. And we are liable to go  
23 that way anyway, and many of us are concerned  
24 about it, and we must do what we can to restrain  
25 it, but this is no justification for accelerating  
26 this kind of development of state in our society.  
27 The issue then, is what kind of measures are  
28 necessary? In our view the measures which would  
29 respect <sup>the use of</sup> these soft drugs are not well devised,  
30 and unless they are totally enforced, they are



1  
2 discriminatory. If they were not ~~totally~~  
3 enforced, they would involve the massive  
4 development of state power and intervention in the  
5 rights of every individual which we should not  
6 have.

7 On the other hand there are certain  
8 factors in relating these drugs, with respect to  
9 which there must be control. One of them is the  
10 profit factor. It can be said that, why should  
11 we be concerned about the profit factor with  
12 regard to marijuana when we don't seem to be  
13 concerned about it with respect to marijuana --  
14 or with respect to alcohol or cigarettes or  
15 other such substances? I do not think that  
16 anyone would disagree with these types of substances.  
17 I think we have to face that we deal with what  
18 we can deal with, and get around to dealing with the  
19 other things when we can too, and it is not an  
20 effective argument to justify one error on the basis  
21 of another. The profit motive with respect  
22 to ~~drugs~~, the control of marijuana and other soft  
23 drugs, that is, control with respect to the manufacture  
24 and sale of such drugs, is essential. It is  
25 essential that this be controlled. There is, in  
26 addition, the concern about the effect of drugs  
27 on juveniles. It is very clear the child is not  
28 in this state to make a free choice. We are  
29 being told more and more that -- almost a ludicrous  
30 extreme at times, that we cannot leave our children



1 free. We know perfectly well that there are some  
2 levels at which a child is able to take a  
3 responsibility of freer choice, and other levels  
4 at which responsibility is nonsense, because  
5 the child is not ready for it. So that the control  
6 of use of drugs and the distribution of drugs to  
7 juveniles is I think essential and in our view  
8 the best way of doing this, is to make an element  
9 of -- particularly a juvenile delinquency section,  
10 in the Criminal Code, where there is not one  
11 now.

12 So we are saying that marijuana  
13 should not be illegal to possess, but sale and  
14 manufacture should be controlled and in parents  
15 and children, either by selling to them or by  
16 giving them gifts should be an offence.  
17 There is in fact another factor that has been  
18 mentioned, and that is the contagion factor.

19 Our suggestion is that this  
20 should be dealt with. But there are people who  
21 have become sources of contagion with respect to the  
22 use of drugs, either LSD, marijuana, heroin or  
23 what, and this -- there is a precedent for dealing  
24 with this, in ways in which our Provincial  
25 Legislation attempt to deal with contagion in  
26 tuberculosis and venereal disease. The procedure  
27 is that the person who is the source of  
28 contagion is encouraged to take treatment, reduce  
29 this contagious quality and as a last resort, only,  
30 if he continues to be a source of contagion because





1 of his unwillingness to cooperate in an isolation  
2 or treatment process, he then can be isolated.  
3 And I think that we do believe that this would be  
4 appropriate, that this be a measure available in  
5 the interests of public life.

6  
7 It has been discussed that there  
8 are differences in the way -- the question of ways  
9 as to whether there are differences in the way  
10 the various populations would respond to various  
11 types of drugs. In our view, this is very clearly  
12 the case, and perhaps it is best understood, even  
13 though it is an enormous simplification, if we  
14 set up a kind of value, and the value is this,  
15 and I grant that this is subjective matter --  
16 the value is this, that the problem of  
17 development in the human being ~~involves~~ the  
18 process of problem solving. When we are  
19 faced with problems we become uncomfortable.  
20 We relieve our discomfort by solving these  
21 problems and in the process of solving these  
22 problems we grow and develop, but without this  
23 we do not grow and develop. More and more  
24 we are faced with problems of the globe and the village,  
25 and the <sup>enormity of</sup> various complex problems, whether it be  
26 the war in Viet Nam or the unemployment situation  
27 or technology or the work situation, or all kinds  
28 of other things, which are beyond our control.  
29 We are facing the problems which we can't relieve  
30 by solving them and the result is we are left with a  
feeling of pain and the result is we are left with



1  
2 relieving that feeling of pain and this is called  
3 escapes.

4                   So that we manage for having the  
5 feeling of solving the problem, we then become  
6 involved in the process of deteriorating our  
7 own personality.     Now, this is a value.     I  
8 say the personality deteriorates -- decreases in  
9 its competence to solve problems.     Marijuana,  
10 speed, heroin and all kinds of barbituates and  
11 amphetamines have been used to achieve this result.  
12 We establish a very simple criteria, suggest a  
13 very simple criteria, and like anything else it  
14 is an oversimplification, that the good use of  
15 drugs is the use of drugs to assist us in solving  
16 a problem.     The bad use of the drugs is the  
17 use of drugs as an alternative to solving a problem,  
18 to give us the feeling of solving a problem  
19 without solving a problem, and for this reason  
20 we feel that there is a whole area of bad use  
21 of drugs.     It needs to be controlled, we suggest  
22 ways of controlling it, through law, it needs  
23 more, it needs a massive program of education  
24 in order to provide all of us with the kind of  
25 help that enables us to take the frustrated  
26 situations and direct them into some self-fulfilling  
27 activity and action and performance rather than  
28 having to try to escape, trying to regain the  
29 good feeling without doing anything.     One of the  
30 things is characteristics of many marijuana users



1 is that they become magnificent rationalizers,  
2 but terrible doers, and they are so good at  
3 rationalizing as they have convinced themselves,  
4 and the form of rationalization that essentially  
5 develops is "I can't do anything, it is a rotten  
6 world, it is a vicious establishment, a rotten  
7 educational system", nothing is any good, "I can't  
8 do anything about it, so I am using drugs, but  
9 I know about it, I understand about it, and that  
10 gives me a feeling of superiority. In spite  
11 of the fact I am facing problems, I am not doing  
12 a darned thing about them, I am sort of wallowing  
13 in a sort of state of knowledge, which is  
14 reinforced by a sort of drug milieu."

15 And this, I submit, is a very  
16 destructive thing, and even more destructive,  
17 because most of the people that get into it  
18 don't understand it, because they try to  
19 rationalize themselves away from facing an  
20 obligation. I hope, Mr. Chairman, you will  
21 have a chance to read our submission and these  
22 comments, I think, are relevant to it, and what  
23 was said earlier.

24 THE CHAIRMAN: Dean Campbell?

25 MR. CAMPBELL: I notice throughout  
26 your use of drugs, you mention marijuana, mention  
27 barbituates and so on. I don't believe at any  
28 point you mentioned alcohol.

29 MR. DAVIS: I would include alcohol.  
30





1  
2 MR. CAMPBELL: I think if you would  
3 include alcohol and I think alcohol is a very  
4 dangerous drug, I use it, but it is dangerous.  
5 I also use nicotine and at times I get paranoid  
6 when I can't get it too.

7 I was wondering, would you apply  
8 the same recommendations to alcohol? I am  
9 thinking for instance, of this matter of contagion,  
10 and don't take the same stand on contagion  
11 potential of remarks about alcohol. What is  
12 the consistency?

13 MR. DAVIS: We do apply these in  
14 respect to juvenile delinquency in relation to  
15 alcohol now. I would agree that we should apply  
16 the consideration regarding contagion, that the  
17 -- the advertising of alcohol, of perpetuating  
18 its use -- we have got it, it is here to stay.  
19 I would submit that we have marijuana and it is  
20 here to stay too. The problem I would feel is  
21 one of respecting its use, particular to the  
22 people who Dr. Richmond spoke, originally, were  
23 the weaker members of society. I would submit  
24 that the tension I was under prior to coming up  
25 to this table, because I am faced with the problem  
26 of facing this crowd and you, and so I get up  
27 here and now I feel reasonably comfortable, I  
28 have done it, but as a response to that tension,  
29 I go and get drunk and then I have found some  
30 other way of dealing with it, and if I do that



1 frequently, I become a weaker member of society.  
2 And if there are people who are offering me  
3 that out, which I desperately want from time to time,  
4 and offering all of us that out, then I think  
5 that that contagious effect should be restricted to  
6 alcohol as well as to other drugs.

7 MR. STEIN: At what point, -- it  
8 seems to me the difficulty would be your prescription  
9 to us is determining <sup>at</sup> what point there is something  
10 called good use and bad use and it states criteria  
11 for this. In other words, you suggested at the  
12 beginning -- I am a bit confused here and maybe  
13 you can clear it up. In the beginning you said  
14 that pot -- to enforce the marijuana laws would  
15 require a state of big brother, and unless we can  
16 enforce them in total, it results in discrimination  
17 of various sorts. Then you talked about the  
18 need to isolate --

19 MR. DAVIS: To enforce the law  
20 with respect to the possession of marijuana.

21 MR. STEIN: Possession. But you  
22 talked then later about isolating those who were --  
23 and you used the analogy to a medical -- sort  
24 of a model of V.D. and tuberculosis, but you talk  
25 about isolating those who are contagious.

26 Now, those may be users, your  
27 concept of contagion. What do you mean? I have  
28 visions of Devil's Island and hordes of ferry  
29 boats carrying masses of North Vancouver school  
30



children out to sea.

MR. DAVIS: Well, I have to leave you with the answer to that. Certainly of course, I am not advocating Devil's Island, nor carrying loads of school children out to sea, but we do have this in the reasons I have provided and particularly tuberculosis, not particularly stigmatized. The one point I wanted to make was that this contagion -- the isolation should be for the reason of contagion, not for the reason for the concern about the individual himself.

THE CHAIRMAN: Who is the person causing the contagion in this population? I mean are you talking simply -- are you talking about the person who is suffering, that suffers the most visible harm from drugs, or are you talking about the person who is exploiting it, or are you talking about the person who is distributing it?

MR. DAVIS: I think, Mr. Chairman, anyone who has looked at the soft drug milieu doesn't have too much difficulty in answering that question. Now, it can't be answered in a formulative kind of way, but there are always in every soft drug group, people who are very charismatic and people who carry the leadership quality and who, without deliberately setting up -- and they don't deliberately set out to convert other people to drugs, but they in effect have this -- produce this result, and that is -- about the best I can do.





1  
2 MR. CAMPBELL: How about your other --  
3 popular music groups. Would you feel the Beatles  
4 should be isolated, Jefferson Airplane should be  
5 isolated, Janis Joplin should be isolated?  
6 All of these people have in fact advocated --  
7 virtually advocated drug use.

8 MR. DAVIS: Certainly, as we have  
9 said in our statement, we feel very strongly that  
10 the media should be -- I have used the term  
11 "assisted" which is perhaps a gentle term, to be  
12 more aware of the consequences of the kinds of  
13 material which they communicate and to act with  
14 some responsibility on this. Now, we were  
15 very careful that we weren't saying censorship,  
16 and this is an evasion, I know it. All it is  
17 is a direction. I am sure your Committee, Mr.  
18 Chairman, has become very aware that you are  
19 not going to come within a legal formula that  
20 would handle all of the things with respect  
21 to this problem, but <sup>what</sup> we are suggesting is, I think,  
22 some direction.

23 MR. CAMPBELL: I wonder in what  
24 you have said, and what a number of other people  
25 have said, there seems to be an objection or a feeling  
26 of something wrong, where a group of people in society  
27 say, "Look, we don't like the dominant life side  
28 here, we don't like the dominant values. We  
29 aren't really going to get into the middle of it  
30 and get involved, we are going to withdraw."  
It seems to me a lot of young people are saying



1  
2 that, and they are saying things, "We are going  
3 to withdraw into communities of our own where  
4 the dominant ethic will be love or the dominant  
5 program of action will be concern for other people."

6 What is the nature of the basic  
7 difference there and what a lot of orders of  
8 religious people have done? For a great many  
9 centuries, as a very extensive group in our  
10 society have adopted their own costumes, adopted  
11 their own communities and practised the love  
12 ethic in their own way, and tolerated a difference  
13 to society.

14 MR. DAVIS: I -- as far as we  
15 are concerned, we have no objection to this,  
16 in fact frequently we feel we would very much like  
17 to join such a community. There is, however,  
18 a very serious difference between the rationalizing  
19 or the verbalizing of this point of view and the  
20 doing of it. And many of the people who are  
21 verbalizing it so much are doing nothing that will  
22 create either in a small sense or on themselves  
23 that kind of community or in the larger sense,  
24 and this -- I think -- what happens is, that this  
25 group gets all wound up in their own intellectual  
26 process, in their own rational process.

27 MR. CAMPBELL: Like University  
28 people.

29 MR. DAVIS: Like University people.  
30 But they-- and you have to measure -- we have no



1 other way of measuring the results on the basis  
2 of what is done, and sometimes the kind of thing  
3 that you have mentioned has been done and I don't  
4 think anybody or many of us could do other than  
5 say, "More power to them". Mostly it is verbalized  
6 on the negative responsibility and nothing is done  
7 and the persons involved -- become real tragedies  
8 in themselves.

9 DR. LEHMANN: May I ask you about  
10 your attempting elegant formula which is stunting  
11 the growth of personality, whichever impedes  
12 problem solving? The question is, what is a  
13 problem? You painted the picture of the  
14 person who just sits back and says, "Oh well,  
15 others will do nothing because it is not worth  
16 doing anything else in society", as though he  
17 is not solving the problem. Well, he may  
18 not be solving the problem of appearing before  
19 this Commission and facing the hostile audience  
20 or -- or not so hostile audience or facing the  
21 problem of making money or facing the problem of  
22 eating enough for the day, but he may feel, and  
23 he sincerely commits it, the problem of dealing  
24 with his own aggression for instance.

25 Now, you would say, "Well, that's  
26 not a real problem."

27 MR. DAVIS: I wouldn't.

28 DR. LEHMANN: In that case he is  
29 actually growing.

30 MR. DAVIS: If there can be any





1  
2 problem and the problem is his own aggression  
3 and he solved it this way, if there is a value  
4 involved here, and I haven't denied this -- there  
5 has been comment that somehow or other anything  
6 that is said has to be justifiable in some sort  
7 of scientific justification. I would submit  
8 to you that this is not possible, that we are  
9 not free from values, we exist in a culture, the  
10 culture has values, that we are concerned about  
11 our identity, the identity is in the terms of the  
12 attitudes of people or concept of the attitudes  
13 of the social milieu in which we exist, so we  
14 are concerned, and very much the drug user is  
15 concerned about social approval.

16 Now -- I know -- I am very scared  
17 and I won't make any general statement because  
18 there are exceptions, but I will still make a  
19 general statement recognizing that there are  
20 exceptions, that a drug user does not go quietly  
21 off and uses drugs himself, he has to find some  
22 kind of group into which he can go, and this  
23 is because the drug is not doing for him the  
24 thing that he can induce himself as doing.

25 If this was a complete experience,  
26 then why does he have to come out and get  
27 approval from other people, and what he does is,  
28 he finds a group that will give him approval  
29 and he says, "This is society" and that is the  
30 amnesty. He cuts himself off, that is -- he



1  
2 restricts himself from the involvement of the  
3 broader world.

4 DR. LEHMANN: But if the fact is,  
5 that only the drug taking society embraces the  
6 same values that he does, then he would be quite  
7 right.

8 MR. DAVIS: Yes, that is right.

9 MR. STEIN: You have just described  
10 the fact that he seems to need approval of behaviour  
11 which seems very much like any other human being.  
12 Is it the fact that he is using drugs -- you  
13 didn't describe anything that would strike me  
14 any different as what we would recognize as any  
15 other recognition people would listen to what --

16 MR. DAVIS: Yes, this is true.

17 MR. CAMPBELL: On second  
18 observation, I may appear to be <sup>half</sup> facetious, but  
19 no more than half facetious. My observation  
20 is that people who use drugs, these different types,  
21 don't assume civic responsibilities.

22 Now I have been struck with these  
23 hearings and I have been struck in Toronto with  
24 people like myself who are representing institutions  
25 that come forward to say something, the police  
26 come forward to say something, but there are an  
27 awful lot of people in this community, who I believe  
28 or I think it is reasonable to believe, that  
29 they are very concerned about drugs, there must  
30 be a lot of anguish about drugs, a lot of infuriated



1  
2 people over drugs, and yet people seem controlled.  
3 And here we are performing a political activity  
4 functioning for the state, to gather as much  
5 perception about drugs as we can about drugs,  
6 so that we can make an intelligent report, and I am struck  
7 <sup>that</sup> /some of the young people who advocate drugs, the  
8 young people who we might call hippies, are much  
9 more responsible citizens that are coming forward  
10 and giving their views ~~than~~ <sup>who</sup> their parents are  
11 straight people in the community, who would  
12 probably make violent sounds at home, but don't  
13 come here to do it.

14 MR. DAVIS: Now, I have to  
15 comment there, Mr. Chairman, that I resent this  
16 that, "people like myself" stuff. I don't know  
17 whether anyone here knows what kind of people I am  
18 and this is in terms of some evaluation as what  
19 is said. I think this is one of the dangers  
20 of this kind of thing, that we get put into  
21 categories. I don't know whether anyone  
22 knows here whether I am in favour or against drugs.

23 THE CHAIRMAN: Well, I think,  
24 Mr. Davis, if I might take the liberty of interpreting  
25 my colleagues remarks, <sup>since</sup> you are protesting and have  
26 the right, I think I understood you to say  
27 that you have institutional -- you came as an  
28 institutional representative, and I think that is  
29 all that he was saying.

30 MR. DAVIS: Is that a category?





1  
2 THE CHAIRMAN: It is simply that  
3 you are speaking for an institution. I think what  
4 my colleague was saying is where are people who  
5 have no institution to speak for, and have no  
6 official responsibility, to come forward, where  
7 are they with their views. The lady at the  
8 microphone?

9 THE PUBLIC: Thank you, Mr.  
10 Chairman.

11 I don't quite know where to start.  
12 What came to my mind was the Professor -- the  
13 chap who talked about the penal -- he was  
14 very confused, he said I cannot make up my  
15 mind, I am in such a quandry as to whether the  
16 world is run by highly intelligent people who are putting us down  
17 or by imbeciles who really believe they are doing  
18 a good thing, and I am a person in the over fifty  
19 bracket and I was brought up in the real old  
20 tradition, my father was a policeman and I have  
21 been brought up in the church and I have been  
22 taught to respect authority, and grown up people,  
23 and to assume that they are right, that they  
24 were concerned, that they were logical people and  
25 I am gradually being disallusioned of that idea.

26 Now when I listen to this gentleman,  
27 and I admire your courage because you represent  
28 the people who won't come and you put forward a  
29 point of view that they haven't, because they  
30 haven't the courage, because I am quite sure that



1  
2 these people are not quite as convinced, as you are,  
3 that your point of view is correct, and they  
4 somehow know intuitively, that they are going to  
5 be just shattered, because this is at least one  
6 forum where people can put forward an intelligent  
7 response and not get cut off the open eye or if  
8 you stay on it, you are called a dope pusher  
9 and you are encouraging the children or you are  
10 cut off and they mix you up, and after you cannot  
11 respond. So this is interesting. I think  
12 these people haven't come because they know they  
13 just really haven't got a leg to stand on. But  
14 it is prejudice mostly in most instances.

15 But you mentioned something about  
16 an intellectual process, and people who are  
17 involved and wrapped up in it, and I might ask  
18 you about your intellectual process, your  
19 rationalizations. I could turn the question  
20 right around to you and I am afraid from what I  
21 have heard, that yours is the one that just  
22 simply doesn't hold water.

23 Now you were saying that more power  
24 to the hippie community, these people who just  
25 feel they cannot beat the system they have been  
26 pulverized by <sup>it</sup> ~~it~~, they just haven't the courage and  
27 the strength anymore, and they have retired to  
28 these communities, but they are not even safe  
29 there. These communities are being badgered  
30 by the police, so there is not much hope. You



1  
2 know I thought I lived in a civilized town, and  
3 I get more and more the feeling -- and I don't  
4 like to believe it -- because I have been taught  
5 that grownups are adults and the milieu is one as  
6 if you were back in the dark ages and believe me  
7 when we look back twenty years from now, we are  
8 going to look back on this period, this witchhunt  
9 on marijuana, the harassment of papers like the  
10 Georgia Strait, this putting down of any idea  
11 at all, is a middle ages concept.

12 Now there is another point. You  
13 talk about marijuana users as drop outs. Do  
14 you know there are so many adults who are drop outs,  
15 but they have a different kind of drug. They  
16 take large doses of apathy, of unconcern and  
17 the authorities say every night when they go to  
18 bed and when they get up every morning that,  
19 "God, please don't let me rock the boat".

20 And you know this is not only the  
21 remark that they are not going to rock the boat,  
22 but they are not going to let you do it either.  
23 You get up and start doing a bit of tipping  
24 and he puts you down so fast! I am fortunate, I  
25 guess I have something that keeps me at it --  
26 I must tell you something really beautiful.  
27 When I got home last night here is a piece of  
28 brown paper bag that has been cut up and sealed  
29 over and it has got R.D. on it, and I  
30 thought, oh, another poison pen letter, and here is





1  
2 a little envelope, please put your coin there,  
3 and here is "dirty old lady." Margaret Mead,  
4 you remember, when she spoke to the same kind  
5 of Commission that has been set up in the United  
6 States, and said that the social damage that has  
7 been done, because of the prohibition and harassment  
8 of the people who smoke marijuana, her discourse on  
9 what happened in the prohibition days, and  
10 this General came out and he said he brought a son  
11 up to <sup>be a</sup> loyal American and he didn't want him to  
12 go home and turn on the T.V. and these dirty old  
13 ladies like Margaret Mead, ~~So I~~ have been classified  
14 as the dirty old lady.

15 Well, I think that is about all  
16 I have got to say.

17 THE PUBLIC: Mr. Chairman, I  
18 hope you don't think I am impertinent, but I am  
19 addicted to going to public inquiries and Royal  
20 Commissions.

21 The question I am putting to you  
22 is that after it is all done, and you have made  
23 your brief, what assurance have you that some of  
24 your ideas are going to be put into -- on the  
25 statute books, but other than that, I want you  
26 and all your members -- what are you going to do?  
27 Are you going to fight to put your ideas in after  
28 you have written them up, or is this going to be  
29 another act of futility like so many Royal  
30 Commissions have been in the past? Are you going



1 to stand up and fight to put your ideas in to  
2 practice?

3 THE CHAIRMAN: I thought we were  
4 going to be able to listen this morning to other  
5 peoples' submissions, but first of all, we don't  
6 have -- I don't have the gift of prophesy any  
7 more than you have, but the answer to the first  
8 question is, I don't know what will be done  
9 about it, and for good reason, partly not being  
10 a prophet, we are an independent Commission. We  
11 have received no instructions and no information of  
12 what is expected of us politically. We would  
13 not hear them if we did get them -- pay attention  
14 to them. We understand our task to try to  
15 understand this thing and its various assets,  
16 to try to find the truth and to tell it to the  
17 best of our ability and we are ethically committed,  
18 all of us, to that now, to try to tell the truth  
19 as well as we can find it with the assistance of  
20 these people, as we can. Then it is for the  
21 political vote -- to decide what recommendations  
22 and in the light of public opinion, at that time,  
23 what should be done. Now, I will say this  
24 though, that we do not regard our task as  
25 merely one of investigation. We believe we  
26 have a duty and a function to contribute to a  
27 better understanding of this phenomena, as it is  
28 found in this inquiry. It is required in  
29 our terms of reference, <sup>there is reference</sup> as to problems of  
30



1  
2 communication, and obviously we can't <sup>spend</sup> two years  
3 in a closed room, then come out and explain  
4 to Canadian people the problems of communication.

5 We have to try to stimulate  
6 general discussion of the kind that we have been  
7 having here for the last few days. The second  
8 thing that we have to do, there can be no  
9 corporal commission policy and that, I am sure  
10 that I speak for my Commission, that the minute ~~that~~  
11 ~~final report~~ leaves their desks, I wouldn't be  
12 able to find anyone within a mile of our hotel  
13 room, because they all want to return to their  
14 work, at their respective basis. But let me  
15 say, I don't think we can undertake  
16 this task, we can only carry it. I don't  
17 want to dramatise <sup>that</sup> we have discovered this problem  
18 as they say, but we don't deny that it is a  
19 difficult one. I would like <sup>it</sup> to be clear that al-  
20 though we have a sense in our own group as <sup>to</sup> the  
21 ethical sense of importance of our problem, we  
22 have not reached conclusions of course, but I  
23 think I speak for my colleagues when I say that  
24 we do have a deep sense of importance <sup>of this</sup> to the people  
25 of Canada and what are called the general scope  
26 of the context of the problem, that is they are  
27 significantly related into the things that matter  
28 to all of us, and that ~~has~~ the kind of ethical  
29 conviction about it, and I guess that doesn't  
30 completely go away once you have done your task.





1  
2 I hope that is --- the gentleman  
3 at the microphone?

4 THE PUBLIC: Well sir, I have  
5 worked in a neighbourhood -- waited in this  
6 neighbourhood thirty-five years to say what I hope  
7 I will say well.

8 It is not in regards to so much  
9 marijuana. Mind you, I have seen this in  
10 South America, I have lived in South America.  
11 Children up until they are nineteen, twenty --  
12 there was that on sale in the stores, in grocery  
13 stores in every part of this Dominion part of  
14 Canada when I was teaching children. I was a  
15 school teacher in those days -- you used to be  
16 able to go into a store and buy a small package  
17 of cigarettes, they were only imitation cigarettes,  
18 and they were called Kubares, that was the name of  
19 it. Does anyone here old enough to remember  
20 them? This ~~was~~ the content of those, this is  
21 what they were composed of -- they were composed  
22 of--at any rate 42% of it was cannabis sativa.  
23 Now the average man, like this man over here,  
24 would not recognize cannabis sativa or cannabis  
25 indica. He wouldn't even see it, he would  
26 not recognize it, if he had an idea what it is.  
27 You wouldn't know -- you understand what I mean,  
28 I have some experience, I know. I am a drug user.  
29 I use what you people call the hard narcotics.  
30 There are so many educated people in this Dominion



1 of ours and we derive the amount of knowledge we  
2 have -- we derive from our thoughts, from our  
3 ancestors. I have books in my home,  
4 I have not much of a home, but I have books by  
5 John Milton. There may be some of you here  
6 who have read John Milton's Comes. Have you?  
7 Yes. It is a revelation. John Milton, whose name  
8 stands as the most important name today, he wrote  
9 Paradise Lost and he wrote Paradise Regained and  
10 he was a great scholar, as a matter of fact he  
11 changed the King James Bible. He used narcotics,  
12 he used opium or Loten products, I must say,  
13 from the age of forty and he died at the age of  
14 -- I hope my memory serves me right -- I think it  
15 was sixty-two. He was blind at the time, he  
16 had been blind for ten years, I just forget.

17 He said that - I remember the line  
18 that affected me most deeply -- because I was a  
19 student and when I was very young and who  
20 had a library from England. And he said in one  
21 line of Comes, and I hope I quote it correctly,  
22 he said, "Get the barefoot boy who tills the field,  
23 kicks with his naked feet, that plant

24 which has greater powers, greater beauty  
25 than all of the other plants in the world" -- you  
26 know, the poppies grew wild among the wheat fields  
27 in England at that time, you know, and there is still  
28 a good deal in France, and Yugoslavia, for  
29 example. This is not a problem that you can just  
30



1 take up in a moment, but certainly there may be  
2 some things.

3  
4 Maybe some of you fellows who have  
5 gone to University and have read [Virgil St. Georges]  
6 when he raised his own farm and when he raised his  
7 own opium because he wanted to be satisfied that  
8 it was pure and all like that. Virgil was an  
9 opium eater. The name was unfamiliar to you.  
10 I have a copy at my home. But now, men like  
11 myself -- I used to smoke opium, I used to work  
12 for a newspaper -- it wasn't in those days in the  
13 Beacon's Building, what we called the Beacon's  
14 Buildings, it used to be back of the Province  
15 building, it was called the Vancouver Sun and I  
16 worked with the Comay Family in those years.  
17 I had rather a good job, believe me. I spoke to  
18 Bruce Hutchison before I came here.

19 The point is the majority of the  
20 people -- the only people where you could get --  
21 place where you get any intellectual conversation  
22 was that Chop Suey House right on the corner  
23 across from the Lotus Hotel. You know where  
24 that is. At least somebody does. To meet  
25 intellectuals, that was where you had to go.  
26 It used to cost us two dollars a night. And mind  
27 you, I was working, and they were a different  
28 class of newspapermen I suppose, than what we have  
29 today. I don't know. I haven't been one for  
30 so many years. Remarkable.





1  
2 But these children, these young  
3 children that are being accused of using marijuana,  
4 why, do you know that in Mexico no one uses marijuana  
5 and there is at least, I would say, in [Valias Valincia]  
6 there is at least -- well, I don't know, I would  
7 say a hundred thousand acres under cultivation, you  
8 know, they make rope, binder twine, that they  
9 ship all over the world. And nobody smokes it,  
10 only the kids, twelve, fourteen, then they smoke  
11 tobacco and they do themselves some harm, or they  
12 drink beer or whiskey or something like that and  
13 they make fools of themselves and that's the way  
14 it is. I know, I lived there, I lived in  
15 Cornavata for a period of seven years. Cornavata  
16 is about 42 miles from Mexico City. And I have  
17 watched all this go on. I went to Camrose  
18 Normal School, that is in the Province of Alberta  
19 while they were building the University of  
20 British Columbia. I had to study languages,  
21 because at that time Canada had made an  
22 agreement to accept Germans from the Ukraine,  
23 when it used to be an independent nation, but  
24 at the time my father gave me, so as I could sit  
25 up late with my studies, used to give me at least  
26 four grains of opium a day. I am not lying to  
27 you gentlemen, that is my judge and my father --  
28 there was a river named after him and a mountain  
29 in the Province of British Columbia, and all of  
30 us, since time immemorial, our whole family has been



1 engaged in nothing but the educational process.

2 Do you know that if I walked down Hastings Street --  
3 it is not likely that I would even be permitted  
4 to live, the beatings -- have you heard anything  
5 about that?

6 THE CHAIRMAN: The beatings?

7 THE PUBLIC: He should know,  
8 "John Howard," he knows about it. The beatings  
9 that these kids take, jumping and choking them  
10 and rushing into their rooms. We are supposed  
11 to be living in a free nation.

12 THE CHAIRMAN: Have you seen  
13 any of this yourself?

14 THE PUBLIC: Have I? Have I  
15 ever. I happen to be a man who tried to sue  
16 the Government over it --- the beating that they  
17 gave to my wife, a woman who was suffering at the  
18 time from carcinoma of the mouth, while five of  
19 them almost killed her, over here on Columbia Street.  
20 There will be people here that remember the  
21 incident. It was in the Georgia Strait.

22 Well, you know -- my name is ---

23 THE CHAIRMAN: Don't identify  
24 yourself.

25 THE PUBLIC: It was the R.C.M.P.  
26 and the City Police. I have proof of it, believe  
27 me.

28 THE CHAIRMAN: Have you proof?

29 THE PUBLIC: Pardon?  
30



1 THE CHAIRMAN: Have you proof?

2 THE PUBLIC: That is the difficulty.

3 THE CHAIRMAN: Would you give  
4 evidence to the Commission?

5 THE PUBLIC: Pardon?

6 THE CHAIRMAN: Would you give  
7 evidence to the Commission privately?

8 THE PUBLIC: What do you mean  
9 privately? Do you think that anything that is  
10 going on in this room is private? Do you think  
11 that there is not at least in this very room, there  
12 is at least ten Mounted Police informers?

13 THE CHAIRMAN: I was referring to  
14 a private session.

15 THE PUBLIC: I would be only too  
16 happy to meet with a private session at any time,  
17 and anywhere, and I have a briefcase here and I have  
18 been writing on the subject for a matter now --  
19 I guess about ten years, because it is a very  
20 vital thing, because you see, I am under the  
21 influence of drugs as I talk to you, under a  
22 terrible drug, what they call a hard drug. It is  
23 called Methedine, but I get it legally through  
24 the Narcotics Foundation. I don't like what the  
25 Narcotic Foundation does. A lot of things I  
26 don't agree with. But if it closes, I will die  
27 and my wife, and a good many of us old people.

28 That is just a fact. Because the  
29 most dangerous, the most terrible drug I have used --  
30 I have used every one of the -- every subject -- at





1  
2       least every drug connected with the opiates I  
3       have used, whether it is diacetalin, morphine ---  
4       I have done that all my life, and I am now -- well,  
5       I am getting the Old Age Pension very shortly, so  
6       they tell me.       I don't think that I show any  
7       signs -- I hope I don't -- if I have, well then  
8       I can't help it.       I am a very nervous person.  
9       I am not used -- I am used to writing, I am not  
10      used to addressing people like this, and it was  
11      difficult for me, it was very difficult for me  
12      to come here.       I felt that somebody had to tell  
13      you the truth.

14                       There are many people in this  
15      audience that can tell you -- not only me -- of  
16      what goes on if you walk down -- even me -- I  
17      dare not walk any further than the Royal Bank of  
18      Canada at Hastings and Granville.       I dare not.  
19      Unless I want to be beat up.       Well, I am an old  
20      man.       It is not a very happy -- position to  
21      place myself in.       This was so.

22                       DR. LEHMANN:   Who might beat you  
23      up?

24                       THE PUBLIC:    Well, I have a man  
25      boarding -- I have an extra room at my place, and  
26      I went down -- because he was very ill, I went  
27      down to look for him and because his daughter uses  
28      narcotics, she hangs around this end of town, I  
29      went down looking for her.       Now, I didn't get  
30      beat up, but I -- the man took my coat off, threw it



1  
2 on the ground, reached in my pocket, he took my  
3 money out like this, and he said, "Gee, that is a  
4 lot of money for you".

5 DR. LEHMANN: You mean a policeman?

6 THE PUBLIC: He said, "The next  
7 time I catch you down here, I will choke you."

8 DR. LEHMANN: Was he a policeman?

9 THE PUBLIC: He was a policeman,  
10 you bet, because I made him show me the badge.  
11 I asked him to take me to the police station and  
12 he said, "I don't have to take you to the police  
13 station. I can enter your room at any time. Do  
14 you want me to be kicking your room down every  
15 day? I have nothing to worry about". Except  
16 for the embarrassment I live in the west end.  
17 Certainly I don't want it to happen to me, but have  
18 you any idea how many missing persons there have  
19 been from this east end of Vancouver in the last  
20 say, twenty years?

21 Gentlemen, you wouldn't believe it,  
22 but it is the truth. These men from Georgia  
23 Strait that are telling you the things that they  
24 are, they are not lying to you, these are actual  
25 facts. You listen to this man from the John  
26 Howard Association and of course, generously the  
27 Vancouver Association that collects money will  
28 give them funds to pay him, but have you looked --  
29 asked him for his qualifications? Where did he  
30 go to school, who is he, what does he do, how did



1 he really get the job? Those are the things --  
2 and where -- every day -- and even now they are  
3 talking, even kids don't use a thing. I watched  
4 a scene on 4th Avenue, I was driving in my car  
5 and it was unbelievable. That's what Canada  
6 has come to, this nation, this nation that I helped  
7 teach, a good many children in my life. They  
8 were mostly German, but the point is this, the land  
9 of freedom, you have let our children be jumped  
10 on in school yards, and fifty of them charged  
11 with undercover agents that lie. To be an  
12 undercover agent in the first place, you have to be  
13 a liar. Then that one man, that one man, that  
14 one man who is just a trained liar from that --  
15 to what we refer to as an educational course in the  
16 R.C.M.P. at Regina -- he is considered -- he is  
17 trained in every kind of infamy that is possible.

18 Certainly I have had some experience  
19 about it. His word is accepted in Court, he is  
20 allowed to integrate with these young people and  
21 they take his word against fifty of these kids,  
22 and they go to jail. That is the nation we are  
23 living in, that is what we have done with Canada  
24 since 1923.

25 THE CHAIRMAN: Mr. Davis, excuse me,  
26 I am going to call in a minute on Miss Patterson of  
27 the Elizabeth Fry Society, but before you go, I  
28 wondered if you would tell me what age limit you  
29 propose for access to marijuana, and if you do, as  
30 I understand, propose an age limit, do you think we





1  
2 will not have -- do you think we would still not  
3 have a problem if that age limit were set, say,  
4 at anything over sixteen. What would be your  
5 proposed age limit?

6 MR. DAVIS: Well, Mr. Chairman, with  
7 respect to the standardization of juvenile age,  
8 is under seventeen, and I don't propose that.  
9 As to whether or not we would still have the  
10 problem, of course we will. We have got one  
11 and we will clearly have one. There are  
12 measures in terms of law which in our submission  
13 we feel should be minimal, the use of the law  
14 should be minimal and should be supplemented  
15 by other measures and these involve getting to the  
16 problem, but we are going to get to the problem --  
17 whether we are going to get to the problem fully,  
18 I am ---

19 THE CHAIRMAN: Thank you very much.

20 Mrs. Patterson, of the Elizabeth  
21 Fry Society?

22 Could you introduce your colleague  
23 please?

24 MRS. PATTERSON: Yes, the  
25 Elizabeth Fry Society is a volunteer organization,  
26 but we do have tremendous direction from Mrs.  
27 [Ethel Allanas]. I have with me [Mrs. Ethel  
28 Allanas], who is our executive Director of the  
29 Elizabeth Fry Society which is mainly composed of  
30 volunteers from the community who work with people in



1  
2 prison and out of prison and we consider what I am  
3 going to read to you now, our interim brief and  
4 we will be coming up with further recommendations,  
5 especially with regard to women heroin addicts  
6 in this community. Perhaps we blame the police  
7 for much of what they do. This we feel is  
8 society asking the police to play a role for them  
9 which they don't wish to play themselves.

10 The Elizabeth Fry Society of  
11 British Columbia presents the following brief  
12 in response to the request of the Commission of  
13 Inquiry into the non-medical use of drugs. The  
14 Society works with teen-age girls in its four  
15 Group Living Homes located in greater Vancouver;  
16 at Willingdon School for Girls, Burnaby; with  
17 young adults and long-time addicts at Oakalla Prison  
18 Farm, Burnaby, as well as these and other girls  
19 in post release situations. The Society  
20 recognizes that its individual members may  
21 personally hold opinions other than those stated,  
22 but these opinions are expressed after examining  
23 the feelings of the girls, the opinions of  
24 members and staff most directly involved with the  
25 girls, and women and other informed volunteers  
26 within the society.

27 The Elizabeth Fry Society advocates  
28 the following alterations in the field of  
29 education:

- 30 1. Children in primary grades



1  
2 should study normal physiology of the body; in later  
3 grades the changes in the body as a direct result of  
4 the use of drugs, alcohol and tobacco should be  
5 studied.

6 Youngsters are learning in a technical  
7 age and they are well aware of a rocket to the moon  
8 and they should be very well aware of what they  
9 are made of.

10 2. Legal and social consequences  
11 of a criminal record obtained through drug use  
12 should be made known to elementary and high school  
13 students.

14 Training high school students is too  
15 late.

16 3. Through small group discussions,  
17 films and brochures, young people should be made  
18 aware of the usual motivations behind drug use,  
19 (i.e. escape or being an integral part of  
20 a peer group) so as to better choose their own  
21 courses of action.

22 4. Adults should be made aware of  
23 the general signs and symptoms of drug use.

24 5. Health clinics, Community  
25 Centres, Parent-Teacher Associations and other such  
26 organizations should make the community aware of the  
27 drug and alcohol problems as they exist in their  
28 area to aid adults in handling this situation.

29 We feel that much better use should  
30 be made of the facilities which are already available.





1  
2                   6.    A counselling service on problems  
3    arising from alcohol and drug abuse should be  
4    provided in the community so that help is available  
5    without fear of punitive measures being taken.

6                   7.    The university teacher's  
7    certificate should include a curriculum to  
8    enable the young teachers to handle students  
9    coping with a drug-oriented society.

10                  8.    The news media and especially  
11    television bear a responsibility in their scheduling  
12    of advertising and programming to encourage  
13    the responsible use of drugs, alcohol and tobacco.

14                  9.    Better judgment is desirable on the  
15    part of the editors of the news media in reporting  
16    of drug and alcohol activities and specific cases.

17                  This brings very much back to mind,  
18    when we were composing this, of the analysis to the  
19    end that Steven Truscott was going to be released  
20    and the possibility that he might come to  
21    Vancouver and coming to visit his grandfather,  
22    to think that any hope of that would be  
23    abolished because his picture was put in the paper.

24                  The Society recommends the  
25    following changes which pertain to existing laws.

26                  1.    There should be an immediate  
27    revision of sentencing of the young marijuana  
28    user to a prison setting which will perhaps influence  
29    the girl to proceed to more dangerous drugs and  
30    lesbianism through associations made in prison.



1  
2                   2.    The Society is gravely concerned  
3    that girls arrested for abuses of drugs, mainly  
4    marijuana, are held for varying lengths of time in  
5    Oakalla Prison Farm (or like institutions) where  
6    they are in close contact with established  
7    addicts and criminals.    These contacts  
8    undoubtedly harden their attitudes.

9                   There are different forms of drug  
10   addiction.    We saw the gentleman here earlier  
11   who has not got criminal associations, but there  
12   are those who have, and they work with the other  
13   type.    We are very concerned about this  
14   present situation, of having young naive people  
15   involved in a prison setting.    This is no  
16   reflection on the staff of the Women's Unit at  
17   Oakalla.    They are doing a fantastic job with  
18   what they have available to them, but these girls  
19   are brought in and they are kept there for a period  
20   of up to perhaps five months, with many types of  
21   people, that they simply would otherwise not meet,  
22   and which they are simply not aware of.    We are  
23   very concerned and would hope that some immediate  
24   action would be taken on this.

25                   3.    There should be an immediate  
26   probe into the wide discrepancies in the sentencing  
27   of marijuana offenders.

28                   4.    Marijuana should be removed from  
29   the Narcotics Act, but controlled under available  
30   legislation.    Use and possession of marijuana



1 should not be a criminal offence.

2 We go on to another Section.

3 The Elizabeth Fry Society makes the  
4 following statements as a result of interviewing  
5 and observing young offenders and girls placed  
6 in our charge after removal from their family  
7 environment. Initial comments are a direct  
8 result of the Society's contact with, at present,  
9 nineteen teenage girls drawn from all of British  
10 Columbia and now living in the Society's four  
11 Group Living Homes located in greater Vancouver.

12 1. The use of alcohol is more  
13 prevalent than marijuana in outlying parts of  
14 British Columbia.

15 2. The family background is generally  
16 an economically deprived single female parent.

17 3. None of the girls is of  
18 Jewish or oriental extraction.

19 4. The girls seem able to resist  
20 drug use in their present local high schools because  
21 of strict supervision from house parents.

22 The following conclusions are  
23 drawn after discussions with the young; both  
24 offenders and non-offender, user and non-user.

25 1. Drug use starts among  
26 youths who feel rejected or deprived within their  
27 own environment; there are some, however, who  
28 take drugs as a lark. Many feel they are  
29 merely experimenting and do not intend to  
30 continue, but have little realization of the effects





1  
2 on themselves of any drug or alcohol. When a supply  
3 of marijuana is removed, they will turn to other  
4 drugs; currently on the rise is the use of  
5 amphetamines and barbituates, though many know them  
6 only by their colloquial names; speed, bombers, etc.  
7 They do not seem deterred by severe sentencing  
8 currently in force for marijuana use.

9 Those who have received punishment  
10 and we are in contact with them here, doesn't deter  
11 anybody else, and it doesn't deter them from  
12 doing it again.

13 2. The present pattern of rapid  
14 social change contributes to use of drugs since  
15 the immature think it will help them cope with  
16 the reality of every day living.

17 3. The accepted widespread  
18 use of pills has created a receptive atmosphere  
19 which gives a false illusion that all ills and  
20 unpleasant situations can be relieved through  
21 drugs.

22 4. The police are the target  
23 of the young. The police, however, are merely  
24 implementing existing laws which in some  
25 instances are totally irrelevant to today's living.  
26 This has created a serious lack of respect for the  
27 law.

28 5. There is a need for flexibility  
29 and awareness on the part of adults to handle  
30 the ever changing situation in relation to the use of



1  
2 drugs and alcohol.

3 In conclusion the Elizabeth  
4 Fry Society wishes to express strong support of  
5 the Ouimet Report. The Society also draws to the  
6 attention of the Commissioners, the twenty-year research  
7 project of chronic marijuana users by Dr. C. J. Miras,  
8 M.D., Ph.D., Chairman, Department of Biological  
9 Chemistry, School of Medicine, University of Athens,  
10 Greece, and the report on marijuana Dr. Miras  
11 gave to the Canadian Corrections Congress,  
12 June 12, 1969, in Vancouver.

13 THE CHAIRMAN: Thank you. Any  
14 questions?

15 PROFESSOR BERTRAND: Yes, I want  
16 to know if there is a simple -- if there is a large  
17 use of the word, or if it is meant to be that way:  
18 Do you really say that girls are arrested,  
19 convicted and put in jail because of marijuana  
20 use?

21 MRS. PATTERSON: My experience  
22 has been, as Dr. Richmond says, has been possession  
23 for purposes of trafficking or trafficking in  
24 marijuana hashish or LSD.

25 THE CHAIRMAN: Well, I read in  
26 your brief they do not seem deterred. Page 4,  
27 paragraph 1, point 1, that they do not seem  
28 deterred by severe sentencing currently in force  
29 for marijuana use.

30 MRS. PATTERSON: I am sorry, I really



1  
2 did not have a part in drawing this up myself,  
3 the Committee was established separately, but  
4 I would say, trafficking, I personally would put  
5 in the word trafficking.

6 THE CHAIRMAN: You wouldn't put  
7 possession?

8 MRS. PATTERSON: I have not run  
9 across a matter of possession. They have been  
10 with us for an extremely short period of time,  
11 while fixing their probation or whatever the  
12 Court decided. But I have not worked closely  
13 with it.

14 PROFESSOR BERTRAND: But again  
15 you say the society is greatly concerned that girls  
16 are arrested for the abuse of drugs, mainly marijuana,  
17 and, again, at that marijuana, marijuana  
18 should be mentioned in the Narcotics Act, but  
19 controlled under available legislation. Use and  
20 possession of marijuana should not be a criminal  
21 offence. This would indicate that you assume  
22 they are, actually. This is serious, because  
23 actually even if we do not like the law, the  
24 law is the law. If we go a step further, in  
25 assuming that really youngsters and other persons  
26 are arrested because of using -- is this what you  
27 mean.

28 MRS. PATTERSON:  
29 They are arrested for using  
30 and will face the Court. It may be disposed  
of without appearing -- a period of stay in the prison.





1  
2 There is the odd case of user being imprisoned  
3 very briefly, while ~~bail~~ is arranged or disposition  
4 of the case is made at the Court level.

5 THE CHAIRMAN: I wonder if I might  
6 ask our counsel, Mr. Bowlby, just to clarify this  
7 point about use and possession, because I think..  
8 Professor Bertrand has made an important point,  
9 when talking about the law.

10 MR. BOWLBY: I don't know whether  
11 I am exactly following the point that is being made.

12 This is no distinction between  
13 arresting a female user or male user on drug  
14 possession of marijuana. What you are telling  
15 the Commission, as I understand it, is that you  
16 don't see it, because you don't have experience  
17 with them spending long terms in prison, is that  
18 right?

19 MRS. PATTERSON: That is right.

20 MR. BOWLBY: You are not trying  
21 to say that women are not being arrested?

22 MRS. PATTERSON: Well I see them  
23 in the Courts but I may be in with another client.

24 THE CHAIRMAN: I don't think that  
25 is the point that Professor Bertrand is raising,  
26 there is the offence of possession, there is the  
27 offence of trafficking. There is not the offence  
28 of having used it in the past. I think we have  
29 to be exact in our -- is what --

30 MR. BOWLBY: By the word, "use" in your



1 brief, are we to gather you mean possession?

2 MRS. PATTERSON: Yes.

3 THE PUBLIC: I noticed in the  
4 paper this morning, Dr. Suzuki said LSD.

5 THE CHAIRMAN: Could you speak  
6 a little closer to the mike?

7 THE PUBLIC: I noticed in the  
8 paper this morning that LSD was not ~~found~~ <sup>found</sup> upon for  
9 pregnancies or during pregnancies. Have  
10 they found out what effect LSD would have upon the  
11 baby?

12 THE CHAIRMAN: Well, I don't know  
13 if that is a question which can be put fairly  
14 I might say, to the Elizabeth Fry Society. That is  
15 a matter of medical science. Dr. Suzuki's  
16 opinion of that was just an opinion on that, and  
17 of course during the course of our hearing there  
18 will be other opinion on that.

19 MRS. PATTERSON: Now, I noticed that  
20 even Dr. Miras, in his  
21 remarks last June, after twenty years of research  
22 in marijuana had not yet been able to determine  
23 a significance between marijuana and pregnancy  
24 and the baby.

25 THE PUBLIC: May I ask a question?  
26 I make a statement that I attended at U.B.C. a  
27 year ago, and a doctor from Edinburgh was against  
28 the use of marijuana, because he said it led to  
29 other things. But that wasn't a popular view,  
30 because some people from U.B.C. got the biggest



1  
2 applause because he advocated ~~there are~~ things.

3 But I think you will find that the  
4 use of marijuana leads to other things, whatever it  
5 is. It is just a step on the road to drug  
6 addiction, and I think you will find that is true.  
7 If the present way to drug addiction leads to  
8 prostitution or something else. I am not ~~sentencing~~  
9 out, but I say a very great president of a University  
10 told me, he said, "personally in my opinion, <sup>if there</sup> ~~is~~  
11 anything sillier than girls from seventeen to  
12 twenty, it is boys from nineteen to twenty-five."

13 THE PUBLIC: Who told you, Kenneth  
14 Strand?

15 THE PUBLIC: Mr. Chairman, I would  
16 partially  
17 like to/take offence with the last gentleman's comment.  
18 I am probably a tremendous social degenerate,  
19 probably one of the most dangerous individuals  
20 here, largely because I am a chemical engineer.  
21 <sup>also</sup> I am ~~am~~ working on my Master's Degree in Chemical  
22 Engineering and I have used marijuana for a  
23 period of two and a half years. Somehow I  
24 must have slipped up and not become one of these  
25 disgusting degenerates.

26 Now it is my personal opinion,  
27 that the use of marijuana is no more dangerous  
28 than the use of water in that you can get drowned  
29 very nicely in water.

30 Now I would like to make a few  
comments here, if I may. I reply to an individual





1  
2 over on the other side there, who told me that  
3 your schedule was too full to speak before you,  
4 so I would just like to make a few points, which you  
5 have probably heard ten or twenty times before.

6 THE CHAIRMAN: I might tell you  
7 that we are just out of schedule at this moment,  
8 but we would be glad to have you conclude in the  
9 morning. We were supposed to leave at 11:35  
10 to go to the University of British Columbia.  
11 We were not able this morning to hear two other  
12 briefs, particularly the Alcoholism Foundation brief  
13 and the X-Kalay,  
14 /and they very kindly said that they would return  
15 this afternoon, so that they can talk to us this  
16 afternoon, when we return at 2:30, to this hall,  
17 so if you like, they have taxis waiting and in  
18 about four minutes it is all yours.

18 THE PUBLIC: Well is there time  
19 available after the first presentation?

20 THE CHAIRMAN: Yes, there is time  
21 this afternoon.

22 THE PUBLIC: Then I will resume  
23 this afternoon.

24 THE CHAIRMAN: Fine. Well, I will  
25 just ask then if there are any questions for the  
26 few minutes that remain, for the Elizabeth Fry  
27 Society?

28 THE PUBLIC: If this is made  
29 legal, which I imagine is the ultimate -- the whole  
30 process here, would marijuana offenders, the people



1 spending time in jail right now, would they have  
2 to be released?

3 THE CHAIRMAN: Who are you addressing  
4 that question to? Elizabeth Fry?

5 THE PUBLIC: Whoever can answer it.

6 MRS. PATTERSON: I think it should  
7 be delivered to a lawyer.

8 THE PUBLIC: Well the question is,  
9 if marijuana is made legal, some marijuana offenders  
10 that are in jail for possessing it and trafficking,  
11 this will inevitably just have to affect the  
12 people who are inside and I want to know if they will  
13 have to be released.

14 Strange if they have to stay in  
15 and serve their <sup>current</sup> sentences because they have violated  
16 it when it was still illegal.

17 THE CHAIRMAN: Well, no one can  
18 say whether that would be proposed and whether it  
19 would be considered and if considered, that it  
20 would <sup>be</sup> acted upon. But what is your own view?  
21 You are talking about amnesty, are you? Are you  
22 expressing an opinion?

23 THE PUBLIC: I mean I sit out here  
24 you know, with all the rest. You are the one  
25 in control.

26 THE CHAIRMAN: No, we are not.  
27 That is the thing you don't realize. That is sitting  
28 on your lap. We are inquiring.

29 THE PUBLIC: I mean it is up to me  
30 to do everything now, but ~~what~~ I am saying, you are



1  
2 ultimately going to have to make the decision.

3 If you address whoever this is going to, that say,  
4 marijuana should not be a criminal offence, right,  
5 then all of a sudden it is not a criminal offence.  
6 Okay, but here is people who are sitting in  
7 jail serving terms of twenty years sentences or  
8 one year sentences, or whatever, for criminal  
9 offence.

10 THE CHAIRMAN: As a Canadian  
11 citizen, what would be your view, your recommendation?

12 THE PUBLIC: Well, mine would be,  
13 absolutely be, to abolish -- I mean it is not -- you  
14 know -- anything criminal. My opinion is, if  
15 you find one single thing wrong with marijuana,  
16 and I have smoked marijuana since I was fifteen,  
17 if you find one single thing wrong ---

18 THE CHAIRMAN: What would be your  
19 recommendation concerning people who are convicted  
20 under the then existing law and are now suffering --  
21 or serving prison sentences?

22 THE PUBLIC: I don't know.

23 THE CHAIRMAN: That was a Freudian  
24 slip.

25 THE PUBLIC: That was commonsense,  
26 you know. That would just be commonsense.

27 THE CHAIRMAN: What is the answer?  
28 It is a difficult problem. It involves a lot  
29 of reflection. I mean we would not need a lot  
30 of assistance with a problem like that.





1  
2 THE PUBLIC: In other words, you  
3 would let it go, is that what you are saying?

4 THE CHAIRMAN: I am asking you and  
5 you are finding difficulty exercising, fulfilling  
6 your duty as a Canadian citizen ---

7 THE PUBLIC: I understand you  
8 didn't hear me and I can't understand why you  
9 didn't hear me, because ---

10 THE CHAIRMAN: What is your opinion?  
11 You have to vote now, you feel the full weight of  
12 that responsibility. There was a law in force,  
13 people were convicted under that then existing  
14 law, the law was repealed and the Canadian  
15 people must say what they are to do about those  
16 who are in jail under the then existing law.  
17 What do you say as a Canadian citizen?

18 THE PUBLIC: I would say to let  
19 them go.

20 THE CHAIRMAN: I adjourn this  
21 meeting until two-thirty.

22  
23 ---Upon adjourning at 11:47 a.m.  
24  
25  
26  
27  
28  
29  
30



---Upon resuming at 2:30 p.m.

THE CHAIRMAN: We have only two hours to hear seven submissions this afternoon. We have to leave tonight for the Bistro where there are no formal submissions scheduled, so that people who are unable to speak here this afternoon, might find it convenient tonight.

Tomorrow we go to Victoria, and we will spend a day in Victoria beginning at 10:00 a.m. I think in fact we have here 120 minutes to hear seven presentations, and we would like to hear all of these, we hope that those that cannot be heard will be patient, because we did run over our time and I think this is a reflection of the fact that the response has been so considerable and if we are in a tight bind with time, it is our fault not yours.

In any event, we would appreciate to help your help/us get through the afternoon and we are sure that we would hear all these points of view, and I would ask the people to summarize their brief and draw to our attention, so that we can engage them with questions and get the full benefit of their advice and experience. We will try to permit a scope of general discussion, but as we have had a good deal of that, it is valuable too, and perhaps we could exercise some kind of restraint and see if we can hear all of these submissions by four-thirty.



I want to make one point about the





1  
2 use of so-called hard drugs and so-called cure or  
3 non-cure of heroin addicts. Dr. Richmond was  
4 there this morning and said that he saw no light  
5 anywhere to the cure of heroin addicts. We  
6 had a heroin addict stand up and declare himself.  
7 There were several coasting heroin addicts in the  
8 audience, as there are perhaps again this afternoon.

9 I am just here to say that for all  
10 of the junkies, the jig is up. The junkies know  
11 in front, honestly that they don't need substitute  
12 drugs, so-called medicine to kick habits and the  
13 junkies are in a kind of terrific collusion  
14 with, locally the Narcotic Addiction Foundation,  
15 in agreeing to use even more powerful junk than  
16 that available down on the corner, that junk called  
17 methedone. Now, several people, some of  
18 whom are in the audience this afternoon in  
19 Vancouver, those at X-Kalay, this, several thousand  
20 in America in a similar foundation called [Synilon]  
21 have demonstrated over a number of years that  
22 it is more than possible to live without junk.  
23 One only has to stop, that junk is not a medical  
24 problem. Problems such as junk are problems  
25 that encompass the whole personality and you  
26 simply quit using heroin by quit using heroin.  
27 That's all. It is really so simple, it is  
28 ridiculous. The Foundation, I suppose,  
29 the Narcotic Foundation has been perpretrating  
30 a delicious and delightful professional hoax locally



1  
2 to the tune of several hundred thousand dollars  
3 annually, in dishing out a substitute narcotic  
4 that is in fact about a hundred times more pernicious  
5 than heroin purchased on the street. I will just  
6 say that and we will forget about it for a while,  
7 and go on.

8 The other point I wanted to make  
9 is something I hadn't heard anybody say yet,  
10 and I think maybe it should be said. People  
11 get loaded on whatever it is they ~~choose~~ to get  
12 loaded, because they love to; right? They like  
13 getting loaded. You know that. I think maybe it  
14 is time we stopped all this sociological nonsense  
15 about social milieus and how your daddy fell off  
16 a horse and how your mommie burnt the pabulum,  
17 or whatever it is, or what kind of sociological  
18 trip you want to blast off on, and just say in  
19 front what you mean, which is, "I got loaded" --  
20 which I did for <sup>four</sup> years, "because I loved to", and  
21 in retrospect occasionally when I get tired and  
22 think about getting loaded, but don't, I think  
23 about it, because I loved to. I liked being  
24 high. Those of you who still get high regularly  
25 or irregularly do so because you like to. That's  
26 all. It is that simple. The same reason that  
27 people go to movies or ball, or whatever it is you  
28 do for entertainment.

29 Now, it is possible -- it is possible  
30 to love life and find that life is beautiful



1  
2 without drugs, that's all. It is just really  
3 that simple. It is possible to enjoy your wife  
4 and your children and your family and your friends  
5 and your community without drugs. All you have to  
6 do, is do it. It is that simple.

7 THE PUBLIC: Right.

8 MR. LERNER: I would like to make  
9 another point about the general purpose and style or nature  
10 of this Commission.

11 It seems to me that a drug  
12 commission, a drug hearing is some kind of a hearing.  
13 All of us know -- what there is to know really  
14 in fact about drugs. There isn't much information  
15 to be gleaned or gathered. It has been written --  
16 it has been written for thousands of years, the  
17 research has been compiled, it has been put  
18 together. All of the information about the  
19 reactions of Spanish horsefly and bugs and so forth  
20 which don't have very much to do with human  
21 organisms, all of the information about people in  
22 New York and tribes in Northern California and  
23 so on, have been put together and it is available,  
24 it can be read. The issue is in drugs. The  
25 issue very simply, how do you live your life,  
26 how do you choose to live your life? Do you want  
27 to give the people that you live with some direction  
28 in learning how to enjoy life, then do that.

29 If you want to publish a magazine  
30 of this nature, or so-called liberal briefs of this





1  
2 nature, then you can do that. Or even go on  
3 doing what your work happens to be, drug-free.

4 In my own life and in my work, I  
5 demonstrated it consistently that it is possible  
6 to remember where you are and to enjoy it without  
7 drugs. We don't have to pretend anything else.

8 I think those are the only points  
9 I have to make. If you have any questions I will  
10 be glad to answer them.

11 THE CHAIRMAN: Thank you. I don't  
12 want to sound presumptuous, but I feel with the  
13 pressure on us, I would like to say that is, I  
14 think, a model submission -- 15 minutes. I appreciate  
15 that. Any comments from the commission?

16 MR. STEIN: Could you make some  
17 comments, David, about the kind of situation you  
18 have had at X-Kalay and the sort of people who  
19 are there, and just briefly -- I know a bit about  
20 it, but I think the people in the Commission  
21 might ---

22 MR. LERNER: We operate a  
23 twenty-four hour therapeutic community with a variety  
24 of former screwballs, quite simply former heroin  
25 addicts, acid freaks, pot heads, alcoholics, jail birds  
26 and so on. It is a totally self-disciplined,  
27 self-supportive type of venture operating out of  
28 primarily the large Victorian mansion on West 16th.  
29 We operate a service station, own apartments and  
30 so on. Through work, play, learning, talk,



1 seminar, yell, shriek, cry, laugh, giggle and so on,  
2 through a number of different kind of group  
3 processes, as well as the simple community process  
4 of living your life and putting food into your  
5 mouth and so on, we demonstrate that it is  
6 possible to live without drugs. It is possible  
7 to live without prisons. It is possible to  
8 live with a sublime indifference to this kind of  
9 Commission or the sublime indifference to whether  
10 or not marijuana becomes legalized or not. It  
11 really doesn't matter very much to me. Now, maybe it matters  
12 to you. You are being paid for it to matter. Maybe it  
13 matters to some people in the audience, for whom marijuana  
14 is a large part of their lives. Too bad. That's the  
15 way the ball bounces.

16 DR. LEHMANN: Could you tell us how  
17 we could get this message over as a working message to  
18 other people, because this Commission certainly didn't  
19 invite itself, it was asked to be -- to get an answer to  
20 problems. The problem is there. Your solution is a very  
21 easy one for those whom it will work for. Just as you  
22 said, you can live without drugs and be happy. You can  
23 also live without money and be happy. All you have to  
24 do is do it, but how do you do it?

25 MR. LERNER: How do you live  
26 without money and be happy? I don't know; I have  
27 never tried that.

28 DR. LEHMANN: There are people who  
29 say so and do so. They have the secret. Now, you have  
30 this secret. How are you going to convey it to others?



1  
2 MR. LERNER: We go to high schools  
3 at the request of the School Boards and go into  
4 prisons and so on, talking blah, blah, blah, by  
5 taking positions, simply by taking moral positions.  
6 My moral position is "no dope, Dave". "No dope,  
7 Gang". That's all.

8 DR. LEHMANN: Do you convince many?  
I am not an evangelist.

9 MR. LERNER: / I couldn't care  
10 less if this whole hall gets high right now. You  
11 can all go and get loaded if that is what you  
12 want to do, but the people that are going to live  
13 and work with me, don't get loaded.

14 DR. LEHMANN: And you wouldn't care  
15 about those who want to, as you say?

16 MR. LERNER: / I care in this respect:  
17 by the kind of passivity that is developed --  
18 is obviously developed and/being further developed by  
19 people, by children, youths, young adults,  
20 pretend adults and so on. I am a bit frightened  
21 by the kind of passivity they manifest and I don't  
22 like to see people totally zonked twenty-four  
23 hours a day, and not able -- unable to act, unable  
24 to behave. It strikes me as a really -- it  
25 is a really strange kind of cop-out paradox that  
26 on one hand a lot of kids who would call the  
27 Government Fascistic or call this Commission Fascistic,  
28 and so on, will at the same time sit back loaded and  
29 say, "Well, that's their trip", and not do anything  
30 about it.





1  
2 DR. LEHMANN: One other question.

3 You spoke strongly against methadone. Now, there  
4 are a great many -- great number of drug addicts  
5 as you know, who do not feel like you and who  
6 would not come to you and want to live this life  
7 as  
8 which/you have demonstrated in your community, it  
9 as perfectly possible to live without drugs.

10 But they don't want to. So for these people,  
11 would you think methadone is indicated? Or  
12 would you think that they should be left with  
13 their own resources?

14 MR. LERNER: Somewhere in life  
15 you have to take some sort of stand. I take the  
16 stand that to use heroin is to deny yourself of  
17 life, that's all. You are dead when you are  
18 using heroin, you are some sort of floating  
19 vegetable and those of you who have used it, know  
20 that.

21 Now, I would not take heroin addicts,  
22 dope fiends, more rightly called, I would not take  
23 a dope fiend and put him in a medical playpen and  
24 give him all kinds of attention for being a dope  
25 fiend. I would reserve our hysterically historical  
26 penitentiary... systems for some kinds of people  
27 like dope fiends and I would say, "Look, you idiot,  
28 if you are stupid enough to go around diminishing  
29 yourself by shoving junk into your head, this is  
30 what the result is. You get locked up in a cage  
like an animal, and the way to get out of that



1 is to stop using this nonsense."

2 Let me just say one thing further  
3 about that. One of the fellows who came down  
4 with me here today has been through American  
5 programs, Lexington and so on, has been through  
6 the local narcotic program, narcotic addiction  
7 program, has gone to England, and spent a year  
8 and a half cranking up his medically prescribed  
9 dope in the Piccadilly Tube Station men's washroom  
10 and so on, and he knew all this time, as he knows  
11 now, in front, that he didn't have to shoot dope,  
12 he just wanted to, that's all. All you have to  
13 do is say, "Look it is possible for you to do  
14 other kinds of things without dope. Do you want  
15 to do that?" "Do you want to do that? Good."  
16 "Then stop using dope."

17 THE CHAIRMAN: Any questions?  
18 Thank you, Mr. Lerner.

19 Excuse me, there is a lady that  
20 wants to speak?

21 Excuse me, thank you, Mr. Lerner,  
22 we will call on Mr. McRae of the Alcoholism  
23 Foundation.

24 MR. McRAE: Thank you, Mr. Chairman.  
25 Miss Whitehouse sends her regrets. She was here this  
26 morning but she could not come back this afternoon,  
27 have  
28 However, I/taken the liberty of thanking Dr. Minovitz,

29 our Assistant Clinical Director to come to the front with me

30 Mr. Chairman, We will try to  
make this brief as brief as possible.



I would simply like to read the first page and a half and then go to page 12, and read the summary recommendations.

"Any consideration of the non-medical use of drug substances in Canada will be grossly deficient if the terms of reference are interpreted in such a way that the term 'non-medical drugs' is taken to mean only those substances which have acquired current popularity under the vernacular title of 'hard and soft drugs'. While it may be true that opiates, L.S.D., amphetamines and cannabinols, etc., have increased in usage, they may only be the visible portion of a much greater and more serious but subtler drug usage problem in our land. In terms of total social damage, it is not difficult to demonstrate that so-called 'hard and soft drug use' produces, in the aggregate, less social damage than the wide-spread and socially acceptable ingestion of ethyl alcohol or indeed the misuse of prescription drugs which have a sedative, tranquilizing or stimulating effect. Indeed, the number of child poisonings from the ingestion of acetylsalicylic acid and other household drugs probably equals or surpasses the number of medical emergencies encountered from the use of illicit drugs. It is the position of the Alcoholism Foundation of British Columbia that the broad spectra of drug use is interrelated, and









1  
2 1. That the Commission consider the  
3 broad problems of the non-medical  
4 use of drug substances in Canada and  
5 not confine itself to the effects of the  
6 'hard and soft drugs'.

7 2. That the Commission take into  
8 account the wide-spread and dangerous  
9 use of ethyl alcohol in Canada,  
10 not only because of its primary  
11 dependency effect, but also because  
12 it is frequently the precursor to the  
13 use of other drug substances.

14 3. That preventive education  
15 programs on 'drugs' be coordinated  
16 with those on the use of ethyl  
17 alcohol.

18 4. That attempts be made to persuade  
19 the legitimate pharmaceutical houses  
20 to exercise great caution in the  
21 promotion of drug substances.

22 5. That attempts be made to persuade  
23 the popular press (including  
24 magazines) to exercise great caution  
25 in the publication of stories about  
26 drug and drug use.

27 6. That professional persons  
28 and institutions exercise caution  
29 in public statements and promotion.

30 7. That an intensive program of



1  
2 research be carried on to provide  
3 social and medical information on the  
4 pharmacological and behavioural  
5 effects of drug substances and to  
6 provide an accurate appraisal of the  
7 social damage from various drug  
8 substances and the population  
9 at risk."

10 If there are any questions, we  
11 would be pleased to answer.

12 THE CHAIRMAN: Thank you, Mr. McRae.

13 MR. CAMPBELL: Mr. McRae, I think  
14 the whole Commission agrees that this is the --  
15 the law so far has seen it appropriate to  
16 differentiate between drugs and alcohol. Do you  
17 feel that this differentiation is the proper  
18 differentiation to be made in the law, that there should  
19 be severe penalties for the use of cannabis and no  
20 comparable penalties, no comparable prohibition with  
21 respect to particularly extremely dangerous drugs?

22 MR. McRAE: I am tempted to  
23 duck the question and say that I am not competent  
24 really to comment upon the legal aspects of drugs  
25 other than alcohol.

26 MR. CAMPBELL: Well, let me rephrase  
27 the question. Let me make it a bit harder to  
28 duck. Society has said, I guess, that marijuana  
29 is a dangerous drug, so dangerous that it must be  
30 kept away from people, by the force of law. We  
at least accept that alcohol is an extremely dangerous





1 drug. Would it be a reasonable social  
2 policy to employ the law to prevent people from  
3 acquiring alcohol?

4 MR. McRAE: I don't think that this  
5 is the kind of thing that you can control with  
6 legislation. Certainly in the past we have seen  
7 attempts to control alcohol use, and people  
8 openly flaunted the law, and from what I have heard from  
9 the witnesses that appeared before you both yesterday  
10 and today, this in fact encourages use at the moment with  
11 respect to hard and soft drugs and I should say that I  
12 really have no personal experience to back it up. I am s  
13 stating what I have heard in the last couple of days.

14 Frankly, as far as Marijuana  
15 is concerned, I would like to see some evidence  
16 as to the actual social damage caused and created  
17 by the use of this drug, and I suppose those who  
18 have been alcoholics for many years, may tend to  
19 say, "What is the fuss all about?" because we have  
20 been dealing with a substance that creates horrendous  
21 social damage, when compared with these drug  
22 substances. And in our brief -- I didn't read  
23 it all -- we cautioned against an "overkill",  
24 if you like, a kind of -- to be over emotional  
25 about some of these substances, because it is in the  
26 past that society has used these drugs and I am  
27 not in a position to advertise it and these have  
28 somehow passed away and we don't see them being  
29 used now.  
30



1 THE CHAIRMAN: Well, Mr. McRae, what are  
2 the issues, what do you see to be the issues then, in-  
3 sofar as we are concerned, in the consideration of alco-  
4 hol? I think we would agree that our terms of reference  
5 do not exclude the properties. If it cannot be con-  
6 trolled, as you say, through legislation, what are the  
7 inferences -- what are we to look at insofar as -- with  
8 respect to alcohol?

9 MR. McRAE: Well, it seems to me the ul-  
10 timate control will arise if -- we will have the con-  
11 trol if we will develop a new morality about the use of  
12 alcohol and I would suspect this is equally true about  
13 the use of drugs as well, and we have reached this point  
14 that it seems -- I must admit that professional people may  
15 have started this whole business, our pharmacologists  
16 have started -- we have a drug culture where we are prone  
17 to expect marvellous things from drugs of all sorts.  
18 I think it is time that we should turn back the tide  
19 and I wish that I could tell you how to do it, but I  
20 have been trying to deal with alcoholism for sixteen  
21 years. Very often I call myself a successful failure,  
22 because our problem continues despite all our efforts.

23 MR. STEIN: Could I ask a question? You  
24 have applied yourself mainly to alcohol. Where  
25 seems to be a somewhat analogous problem  
26 regarding the flagrant violation of the law in this  
27 Province at the present with respect to age.  
28 I don't know whether you have addressed



1 youself to this. I wonder if you could just  
2 briefly give us some indication of your attitude  
3 toward the law and the age.

4 MR. McRAE: I am sorry, I can't  
5 quote all of these verbatim, but I will try to  
6 remember what we said.

7 We recommended before the Liquor Inquiry  
8 Commission of this Province, that the permissive age be  
9 lowered to nineteen years of age, which coincides with the  
10 voting age in British Columbia, and we made the  
11 statement that a law that was unenforceable  
12 was worse than no law at all.

13 MR. CAMPBELL: In that year,  
14 we could proceed a bit further. All the evidence  
15 that I have seen is the present law with  
16 respect to alcohol, tobacco, to marijuana  
17 for people under nineteen and eighteen, and under  
18 seventeen, is a non-enforceable law. I believe  
19 it is an offence in Canada to smoke, under 16, for  
20 cigarettes.

21 In my province a child of fifteen  
22 has no particular difficulty buying alcohol.  
23 Clearly thousands of kids have no trouble buying  
24 marijuana. Would it be wise to say that here we  
25 have an obvious breakdown of law, let's remove it  
26 as an aspect of social reality?

27 MR. McRAE: I won't give my decisions  
28 on that until I do some more definitive research  
29 on that subject. We have had many statistics  
30 thrown at us in the last couple of days and I don't  
see many research reports to substantiate some of





1  
2 this material and that is why we have called  
3 for research, and I am not trying to duck the issue  
4 by saying that research should carry on for twenty  
5 or thirty years and then we come to a conclusion.

6 I am not at all satisfied to say  
7 that we know things precisely and exactly  
8 as to drugs in British Columbia and in British Columbia  
9 schools. I have heard  
10 that there is some work being done, I would  
11 reserve my decision on some of these matters.

12 THE CHAIRMAN: Lady at the microphone  
13 please?

14 THE PUBLIC: I would like to  
15 address myself to the gentleman. How many drunks  
16 have you cured?

17 MR. McRAE: Well you know, I just  
18 might be able to answer that. We are the only  
19 agency in Canada that have done a definite study  
20 of treatment of our alcoholics. This was suggested  
21 in 1955, by Dr. Robinson, the Department of  
22 Sociology at U.B.C. and it was relegated last  
23 year by Dr. Tom Storm, who has done some work  
24 on LSD when he was in Toronto and our studies  
25 were unique in that we used a control group,  
26 which-an acid test, and work for those of you who  
27 are interested in research. We found that 60%  
28 of the patients that came to our clinic voluntarily  
29 showed some improvement and we also found that  
30 40% of those who came/did not continue in treatment  
showed roughly the same improvement.



1  
2 THE PUBLIC: What do you mean  
3 by improvement? Did they stop drinking or did  
4 they drink occasionally or did they only get  
5 drunk on the weekends?

6 MR. McRAE: As a matter of fact,  
7 in developing our scale of assessment we decided  
8 that stopping drinking was certainly one factor,  
9 it was only one in the scale of improvement and  
10 we attempted to measure change ~~for~~ improvement  
11 in the other areas of the person's life, employment,  
12 family adjustment, personal adjustment and so on,  
13 but I might point out that while our clinic was  
14 only able to show a possible 20% increase over  
15 and above those who sought treatment, elsewhere,  
16 we were able to produce a greater gain in the  
17 areas of improvement other than drinking.

18 THE PUBLIC: I still don't  
19 understand. It is very difficult for me to  
20 understand, and I have completed grade twelve  
21 and everything, but I just can't understand how  
22 many people say in the last year have gone through  
23 your program and are no longer alcoholics. Or as  
24 you are saying drinking alcoholics.

25 MR. McRAE: First of all, it is  
26 unfair to judge any program on a year, and we have  
27 used ~~three~~ years, and felt that to be minimum.

28 THE PUBLIC: ~~Three~~ years is fine.

29 MR. McRAE: I cannot give you  
30 completely up to date information as this would



1  
2 involve ongoing research which is far more than  
3 we can afford, but I think there is some  
4 indication that the number of people we dealt with  
5 in total has been something over eight thousand,  
6 since April of 1969 -- I just happened to bring  
7 along my clinic statistics. We have received  
8 224 new cases in our clinics, a further 101 cases  
9 that came back, so you could call these people  
10 failures, or you would say they simply had a  
11 remission or a slip, and a total of 325 cases  
12 were predicted. It is too early to assess the  
13 effectiveness of our treatment on these particular  
14 people. I am not going to sit here and tell  
15 you that we have a 100% success. In fact, I intend  
16 to be very candid and say that we are dealing  
17 with a very difficult population.

18                   <sup>wish we</sup>  
19                   We could improve our success rate,  
20 but we feel we will never improve our success rate  
21 until we examine it closely to discover why we  
22 are not being more successful. But we do have  
23 successes, there is no question of it.

24                   DR. LEHMANN: Could you repeat  
25 your success rate again? It was 60% and how  
26 much of improvement and how many control groups?

27                   MR. MCRAE: 40. I could bring  
28 the actual reprint of the study.

29                   DR. LEHMANN: But significantly how  
30 significant the study was.

                  THE CHAIRMAN: Thank you, gentlemen





1  
2 for your submission.

3 THE PUBLIC: May I ask the  
4 gentleman a question? The other day I was  
5 listening to a hot line show and it was about the  
6 same topic, alcoholism, and I heard the statement  
7 that the Alcoholics Anonymous and the Alcohol  
8 Foundation and so on, was having a bigger and  
9 better membership and I thought at the time ---  
10 it isn't the quantity of the thing, it is the  
11 quality, so if you have a bigger turn-out now,  
12 of alcoholics and bigger population of them,  
13 the problem is not getting any better, is it?

14 MR. McRAE: In beginning my  
15 answer to your question, <sup>to</sup> differentiate between  
16 the Alcoholism Foundation and Alcoholics Anonymous  
17 for the Commission's benefit, the Foundation is  
18 a private society wholly financed by the Provincial  
19 Government. We literally are B.C.'s Provincial  
20 Health Agency in this field. Alcoholics Anonymous  
21 is quite different. I can't speak for them.  
22 The program you listened to, I think indicated  
23 that the number of members of Alcoholics Anonymous  
24 was increasing.

25 THE PUBLIC: Right.

26 MR. McRAE: That is their statement,  
27 not mine.

28 THE PUBLIC: This review of course,  
29 also on the hot line show, and I am aware of the  
30 facts, but this is the curious thing. We have the



1  
2 same parallel in the drug situation of the soft  
3 drugs so-called. I only used marijuana once  
4 in my life, and that was thirty-five years ago,  
5 so I can't be any authority on it, but I think  
6 that the situation has a parallel somewhere,  
7 that the things are getting worse and the  
8 legislation is not getting any -- good, and all we  
9 are doing is creating more crime and more criminals  
10 by more legislation so something has to give  
11 somewhere.

12 MR. McRAE: I didn't come as an  
13 advocate of law here.

14 THE PUBLIC: I didn't either, but  
15 I am just coming as an observer and this is a  
16 comment I was making.

17 THE CHAIRMAN: Thank you.

18 DR. MINOVITZ: Maybe you could  
19 give me something that I could give you a hopeful  
20 ray of light from the gloom, on. In the clinic  
21 we are seeing people come with their problems  
22 at an earlier stage of development than they  
23 used to come, in other words, they arrive at  
24 our doors before they are --- before they are  
25 as bad as they used to be -- the population that  
26 we saw ten years ago. Now, it seems the trend  
27 is also occurring in Alcoholics Anonymous and I  
28 think we heard some condition that it may be.

29 Well, this -- this increase in  
30 numbers may not necessarily be a bad thing, it may



1  
2 be a hopeful sign that people are doing something  
3 about their problem before it gets too bad.

4 THE CHAIRMAN: Thank you, Gentlemen  
5 very much.

6 I call on Mr. Garry Nixon, Editor of  
7 Wednesday.

8 Mr. Nixon?

9 MR. NIXON: I am appearing before this  
10 Commission today at the behest of Mr. Stein, to tell  
11 you what I know of this drug situation. I am  
12 co-publisher of Wednesday, a weekly paper that  
13 gets out in our area, and a school teacher who has  
14 taught in public, private and free schools. Through  
15 my occupation and through friendships I have much  
16 contact with people taking drugs, and although  
17 I have not taken drugs other than alcohol,  
18 cigarettes, cold tablets and the occasional 292  
19 for a toothache, I have, through occupations and  
20 through friendships, come into a lot of contacts  
21 with a large number of people who do now use  
22 practically all the drugs this Commission is  
23 studying.

24 I know that many, and perhaps a  
25 majority of the people in this society will look  
26 askance on me for this statement. And it is strange,  
27 for if I had said I know (as I do) people that drank  
28 alcohol, some to excess, some even to such excess  
29 that they became addicted, no one would think  
30 much about it. I use this comparison, because it





1 is the one that most of the general public will  
2 be able to relate to.

3                 With alcohol, society has accepted  
4 that certain amounts taken, even continually,  
5 are acceptable and not particularly harmful; and  
6 that other (depending on the individual involved)  
7 larger amounts are harmful and that larger  
8 amounts taken continually can lead to  
9 addiction (depending on the individual involved)  
10 and the pitiful state of the alcoholic.     Society  
11 can do this because we generally have some knowledge  
12 of the situation and accurate information is  
13 generally available because much research and  
14 scientific investigation has been done. We can  
15 talk honestly among ourselves and teachers can  
16 talk honestly to their students about the problems  
17 and dangers involved with alcohol.

18                 However, what we don't usually do,  
19 at least for those over 21, is legally penalize  
20 those who possess or try alcohol or those who  
21 take it regularly or even those who are addicted  
22 to it.     No, we do not even penalize the alcoholic,  
23 and there are few more pitiful humans in our society.  
24 I might suggest, Commissioners, that if we did legally  
25 penalize all those addicted to alcohol I know for sure  
26 that our jails would be filled with considerable  
27 numbers of our businessmen, their wives, professional  
28 men and last but not least, those that make the  
29 laws themselves, politicians.

30                 This does not mean that we approve



1 of the alcoholics, or that we are not concerned  
2 about him or his possible overcoming this  
3 addiction, although I don't think that we are  
4 enough concerned. But we accept the fact that  
5 nothing can be done with the alcoholic unless he  
6 wants to change, -- not all the laws and law  
7 enforcement agencies in the land. In fact  
8 we tried laws against alcohol in the period of  
9 Prohibition and they failed miserably. In fact  
10 they, together with laws against gambling,  
11 helped very considerably to create a criminal  
12 class that has now reached gigantic proportions.

13 This is not the way we treat the  
14 drug user or I should say the illegal drug user,  
15 even though the Commissioner of the R.C.M.P.  
16 in his most extreme statements would say that most  
17 of the illegal drugs if taken would lead to  
18 a state as bad, let alone worse than that of the  
19 alcoholic. No, we do not treat the illegal  
20 drug users like the alcohol user. To begin with,  
21 we lump all illegal drugs into exactly the same  
22 category, narcotics. This is more than the  
23 equivalent of equating the possessor of a  
24 piece of brandy Christmas cake with 60 bottles of  
25 overproof rum. And it also runs contrary to the  
26 statements of all our law enforcement officers  
27 who have implicitly if not explicitly stated  
28 that heroin and methedrine are far more dangerous  
29 than hashish or marijuana.

30 Not only do we equate all illegal



1  
2 drugs, the only distinction we make is between the  
3 possessor and the trafficker and we make this  
4 quite harshly. In Canada you can get up to life  
5 imprisonment and in some states in the U.S. the  
6 death penalty, for trafficking. In fact it has been  
7 suggested that if you were going to be caught in  
8 New York selling drugs to a minor, you would be  
9 better to kill him as the penalty for manslaughter  
10 is far less than for trafficking.

11 The law assumes that trafficking  
12 is the same in all drugs, yet even a few days  
13 of casual investigation will show that this is  
14 not the case. With marijuana, hashish, LSD,  
15 mesculin, STP, DMT, chlorpromazine and to  
16 a lesser extent, methedrine, that the  
17 distinction -- particularly the legal distinction --  
18 is virtually non-existent -- that almost everyone who  
19 uses these drugs sells or gives to a friend. In fact  
20 the trafficking in these drugs follows closely the  
21 classical pattern of the free market economy. The  
22 supply is brought in or even grown in this country  
23 by many small entrepreneurs. It is not as yet  
24 in the hands of the big underworld organizations,  
25 as is heroin and to a lesser extent, methedrine. In  
26 fact,, I am told, that the vast bulk of heroin traffic  
27 in this city is in the hands of two quite  
28 respectable citizens in the community.

29 Now, no, we do not treat the illegal  
30 drug user like the alcoholic user. We brand him





1  
2 as a criminal, and while we claim to be interested  
3 in his welfare, and appalled by the real and  
4 imagined dangers of the drugs, we do nothing, or  
5 next to nothing to help him. Does anyone  
6 here believe that jailing people for possessing  
7 alcohol, or more correctly jailing some possessors,  
8 would reduce alcoholism? And if it did,  
9 do they believe that this is the best way to treat  
10 alcoholism?

11 Now, I know that even before I  
12 continue, that there are many who are saying, "Yes,  
13 alcohol is a problem, it is an evil, and it should  
14 be treated, but why should we add another problem  
15 to the one we already have?"

16 And the answer to this argument is  
17 that the drug problem is already upon us, and  
18 it is getting worse and this indicates at a  
19 minimum that the steps society has been taking,  
20 particularly the legal steps, have been ineffective.  
21 A moment's thought will show that this is so.  
22 Do you, Dean LeDain, whose job it is to teach  
23 the law, really believe that we should put everybody  
24 who has taken, or even possessed, marijuana in jail  
25 for up to seven years, that those who have  
26 sold marijuana mostly to their friends, for this  
27 is mainly how it is trafficked, in jail for up to  
28 life? Do you have any idea of how many people  
29 would be involved? A few weeks of the slightest  
30 examination of the situation will show you that the



1  
2 official figures, from the R.C.M.P., are  
3 ridiculously low. You would find that there is  
4 at least 60,000 frequent users in Vancouver alone,  
5 that the number of people who have used it from  
6 our junior and senior high schools runs over 50%.  
7 Are you really suggesting that over half our young  
8 people should go to jail, or should even be  
9 brought before the Courts? And if you do not  
10 say that, and do not change or abolish this law, do  
11 you not realize that your failure -- that you are  
12 knowingly discriminating in the application of the  
13 law, that law enforcement agencies will arrest and  
14 convict some and knowingly leave alone others,  
15 and that this will be an acceptable situation.

16 Is that what you teach, Dean LeDain?  
17 I was taught that the law should apply equally  
18 to all citizens, and that any knowing purposeful  
19 deviation from this is unacceptable and this is what  
20 I have taught to my students. Do you really  
21 think that laws will be meaningful or effective, let  
22 alone just, and this is the goal our Prime Minister  
23 has set for this society, if they are not fairly  
24 applied to all? Do you think they will be  
25 respected? Do you really think that those people  
26 who have spent terms in jail for drugs have  
27 respect for the law, that has put them in jail,  
28 but is not knowingly applied to those who do  
29 not live in East Kitsilano, and parts of the West  
30 and East ends of this City. It is not hard to



1  
2 realize why these people feel that the law  
3 enforcement agencies are persecuting them. Do the  
4 law enforcement agencies really believe they  
5 would find no illegal drugs in the other more  
6 respectable places of the City? I am continually  
7 amazed by the number of 'straight people', that I have  
8 met and who have said that they have tried marijuana.

9 Do you realize what steps would be  
10 necessary to fairly enforce this law? Nothing short  
11 of a police state with complete abrogation of all civil  
12 liberties and probably not even that would abolish  
13 or even significantly decrease the use of most drugs.  
14 Are the Commissioners prepared to recommend this,  
15 that everyone will lose their civil liberties  
16 so that we can try to stop people from taking  
17 substances which society has judged harmful to them?  
18 We must look at this situation realistically.  
19 All the more so if one of our objections to drugs  
20 is that it gives a distortion to the reality.

21 Far, far too often we have been  
22 more concerned with upholding the drug law,  
23 which is a means to an end, as an end in itself,  
24 to get to the root of the problem, which is the  
25 dangers caused by drugs.

26 As I mentioned before we are able to  
27 talk honestly amongst ourselves and to kids about  
28 the dangers of alcohol. We can do this because we  
29 can look on the subject objectively, both because  
30 we have information and because we do not look on





1  
2 the addict, let alone the user, as a criminal leper  
3 beneath our own contempt.

4 And in talking of the illegal drug  
5 user, we castigate him as a monstrous leper  
6 in terms that belie our ignorance of the facts of  
7 either the drug or the situation that led to his  
8 taking of the drug. We have neither the  
9 objectivity or well-known scientific information  
10 that can lead to an honest discussion amongst  
11 ourselves or with our children. And if a  
12 person were to try and publically engage in an  
13 honest discussion through the media, let alone to  
14 his students he would be castigated as an advocator  
15 of drugs, unless he took the socially accepted  
16 position that all the illegal drugs are incredibly  
17 damaging. He would not be judged by the  
18 truth or the objectivity of his presentation as he  
19 would be in talking of alcohol but by his lack of  
20 deviation from the socially acceptable line.

21 Needless to say, Commissioners,  
22 children are not impressed by liars, not for long  
23 at any rate. If you lie to children and they  
24 find out, and I pity the poor man who works on  
25 the assumption that they will not find out, they will  
26 most likely not believe you the next time.  
27 So if you are going to have adults, whether they  
28 are parents or teachers, teach children about drugs,  
29 do not have them lie or shade the truth or they will  
30 only laugh at you, even if you do not see their  
laughter.



1  
2 By the way, how much money was  
3 spent last year or the year before on the research  
4 into these drugs? I don't think **very** much, if  
5 at all in this country, or in the States.

6 And you expect adults, let alone  
7 teachers, to teach about the dangers of something  
8 that has not been properly researched.

9 I have read the conclusions of the  
10 reports of the British Medical Association and the  
11 New York State Investigations into the use of  
12 marijuana and hashish and I am afraid that they  
13 do not conform to our socially acceptable, let  
14 alone our R.C.M.P.'s view of these drugs.

15 Now, Commissioners, do you want  
16 me to teach the police view of these drugs and have  
17 the students later find out that they contradict  
18 the findings of doctors and scientists, not to  
19 mention there are many doctors and scientists  
20 and policemen that regularly use these drugs?  
21 Do not delude yourselves that the youngsters  
22 will discover these reports. They are generally  
23 available in pocket book form in our drug stores,  
24 and I would be surprised if there was a hipster  
25 on 4th Avenue that was not familiar with these  
26 studies.

27 I just want to submit the articles  
28 in the Province. I believe this was covered  
29 yesterday on treatment on drug stories. I just  
30 want to point out that why could not the headline have



1  
2 been "Father too concerned with Business to show  
3 up for son's inquest , when a mentally deranged  
4 boy jumps off a window"or"neighbours refuse help,  
5 while friend deserts suicide victim", all these.

6 I can say all these are valid and  
7 logical headlines, but they aren't sensational,  
8 and they have glamorized -- because they don't  
9 give the whole story objectively as a lot of stories  
10 in the editorial page.

11 Why did not the excellent article  
12 on the editorial page of last Tuesday's  
13 paper get front page coverage? These newspapers  
14 of course do not give the whole story. They tend  
15 to leave a little mystery about it and they tend  
16 to glamorize it much similarly as they have glamorized  
17 our the past.

18 In spite of what you may read, and  
19 by the way I shudder to think of what the local  
20 papers will make of this presentation, and indeed  
21 if they write on it, but if you read this  
22 presentation in the newspapers tomorrow, I have  
23 said nothing in favour to advocate the use of  
24 these drugs. I have not taken them, nor do I  
25 sell them, nor do I think they should be legal,  
26 and I would say no if they should be given to  
27 these people. I simply qualify this by saying  
28 that since I have not taken them, in the legal  
29 sense I do not know of their effect. Also the  
30 research of the drugs, marijuana, hashish is very





1  
2 limited, but it would seem to give <sup>different</sup> effects to  
3 different people. We know of those who have  
4 used LSD with no effects, and this has happened  
5 before. We know that alcoholics have taken  
6 them, and with no ill-effects, and I have known  
7 some who have taken it with no effects, and I know  
8 some who have taken it with ill-effects, but this  
9 I must ~~point~~ out. These particular people had  
10 mental problems before they took it, and many  
11 times they took a substance that was cut with  
12 methedrine and strychnine or STP. One of the  
13 results of the illegalization of drugs is that there  
14 is rarely a way of testing it for quality, as possession  
15 is illegal..

16 In fact, I would say more people  
17 have been harmed by "cut" and impure "LSD" than  
18 have been harmed by pure LSD.

19 No, I do not approve of the use of  
20 drugs and this does not only apply to illegal drugs.  
21 We live in a drug oriented society. Huge profits are  
22 made from drugs of all types. One only need  
23 glance through the U.S. Senate Subcommittee hearings  
24 to realize that the percentage mark-up on  
25 legitimate drugs rivals and even sometimes  
26 surpasses the huge mark-up on illegal drugs.  
27 We have legal drugs to pep people up, to slow them  
28 down, to put them to sleep, to blot out  
29 reality, to make them feel good. We have legal  
30 drugs that are addictive and damaging, cigarettes,



1  
2 alcohol, pep pills, barbituates. And all the time  
3 we have advertisements of them urging us on to use  
4 them, showing us that if we do we will get the women  
5 of our choice, we will be more respected in the  
6 community, we will be free from anxiety, we will  
7 reach the ultimate in happiness. And for those of  
8 you that laugh, perhaps because you think they  
9 are not effective, I advise you to read or re-read  
10 Vance Packard's HIDDEN PERSUADERS or J.K. Galbraith's  
11 NEW INDUSTRIAL STATE to realize the effectiveness  
12 and the effect on big business of such advertisements.  
13 And if that is not enough to look at the price and  
14 profits of Bayer's Aspirin which heavily out-sells  
15 for twice the price of its identical competitor,  
16 three times the price of its generic named twin,  
17 and God knows now manytimes the price of what  
18 it cost to produce it.

19 It pains me, although I don't take  
20 anything for it, to see just how many ordinary,  
21 respectable people over-use aspirin and go on to  
22 212's, 222's, and 292's, who take and give their  
23 children sleeping pills, pep pills let alone  
24 thinking of the several million alcoholics on  
25 this continent.

26 I would remind this Commission that many  
27 of these illegal drugs were developed by the very  
28 society that is now opposing their use. STP was  
29 developed by the Dow Chemical Company as an element  
30 in their nerve gas for the U.S. Department of Defence.



1  
2 It is interesting to note that the Dow Company  
3 objected to STP because someone had stolen  
4 their patent, not because it was dangerous.  
5 Methedrine, one of the most dangerous of all the  
6 drugs was developed for German Air Force pilots  
7 in the last World War, ours used benzedrine,  
8 and is widely used in pep pills and diet pills  
9 sold legally on the market.

10 And although I disapprove of all  
11 drugs, including the cigarettes I am addicted to,  
12 I do not favor laws against them, particularly for  
13 adults, because I do not think they will be  
14 effective.

15 The mis-use of drugs, like the mis-use  
16 of alcohol is a symptom. It is frequently a  
17 symptom of not wanting to face reality, and  
18 parts of that reality are not pleasant. Much of  
19 the problems with youth today is that it does not  
20 like society as it is today, it instinctively  
21 realizes that something is lacking, that values  
22 are distorted. May I remind you of Professor  
23 Galbraith's cogent arguments that in this  
24 age of complex massiveness that this society  
25 will be hard if not impossible to change.  
26 Much of the problem was caused through lack of  
27 concern, or understanding on the part of  
28 the parents. This world is in many ways a lonely  
29 and discouraging place and it is not surprising  
30 that youth would take an escape, like their parents,





1  
2 through various drugs. If you do not believe  
3 a significant portion of youth feels this  
4 way, don't take my word for it, talk to them,  
5 for not many of them have enough faith in this  
6 system or the people in power to even appear  
7 before this Commission.

8 I do not feel that drugs will help  
9 to solve these problems, I could be wrong, but  
10 I know that laws against these drugs will not  
11 solve these problems or even the drug problem  
12 either. With our laws against heroin, we  
13 have ipso facto created a criminal class, we have  
14 driven the addict to the black market and the  
15 incredibly high prices of that market. To get  
16 enough money to sustain that habit the addict is  
17 driven to stealing or prostitution and peddling  
18 and then we say, smugly, "see, Heroin addiction  
19 leads to crime." Because we have treated  
20 marijuana, hashish, LSD and other drugs the  
21 same way we have witnessed over the last year a  
22 partial merging of the hard and soft drug  
23 communities, driven together because they are  
24 treated the same way by society and the law.  
25 It is not so surprising that more youths on  
26 4th Avenue are taking heroin, what is surprising  
27 is that even more are not taking it. And all  
28 the time there is no way of telling if the drugs  
29 are what they claim to be. And we do know that many  
30 people who die from heroin are dying from unhygienic



administration or from unknowing incorrect dosages.

We also know that heroin does not in itself always kill, as some doctors are addicted to it, and are able to carry on their normal work.

But above all, I am opposed to drug laws because it violates my concept of civil liberties and life itself. Illegal or not taking of drugs will be the choice of the individual and stopping taking of them will finally be his choice as well. I have faith in people, and in young people. Alcohol can be a dangerous drug. It is one that, the P.C.M.P. feeling to the contrary, is generally available to our youth. I have seen its mis-use and I have lived in places where there is little for the young man, other than to get drunk, but I have seen many youths resist the temptation, and find other meaning in life. I have seen people who have continually misused alcohol and go on to a meaningful life. I have seen some good in alcoholics. I have seen youth use and abuse drugs and go on to a meaningful life, and I have seen people who continually use drugs, that I must admit to liking them, for they have many qualities.

I admire and this Society could do well with more gentleness and more concern for the human and less concern for the system.

I have confidence in our youth.



1 I believe they will survive the availability of  
2 drugs. I believe they are now. One of the  
3 basic principles of our laws is that the  
4 government should only interfere when you do harm  
5 to others, not to yourself. I know of few ways  
6 to stop a person doing harm to himself.

7 I would conclude by quoting the  
8 wisest statement I have ever heard concerning  
9 drugs. It was given by "Golden Rule" Jones,  
10 a reform mayor of Toledo, before the turn of the  
11 century. In answering a constituent who had written  
12 him saying that, "Whiskey is my problem,"  
13 Golden Rule Jones replied, "I do not believe, sir,  
14 that it is whiskey that is your problem; I believe  
15 it is the whiskey you drink."

16  
17 wisdom of Golden Rule Jones in his deliberations. If  
18 this will be of actual use to you, as to blocking  
19 the lack of information that you represent, the Canada  
20 Evidence Act will have to cover me here.

21  
22 think that perhaps a misunderstanding about the  
23 Canada Evidence Act has been made. The asking for the  
24 protection of the Canada Evidence Act -- you have to  
25 take the testimony privately, and you have to be subpoenaed.

26 MR. NIXON: Well ---

27 MR. NIXON: Excuse me. Let me  
28 finish. This is very important, of great importance,  
29 I want everybody to understand it, and if you desire that  
30 protection, we can give it to you, but it requires that  
you give your testimony under oath and you invoke the  
protection of the Canada Evidence Act, and that means









1 particularly with the fact that marijuana is illegal,  
2 One way or the other it takes one away, it is the  
3 thing, it means that you people or the people  
4 that you are representing, must be avoided when  
5 dealing with such considerations.

6 Now as to why people turn to such  
7 things, I have heard, most of the sociological  
8 studies that have been presented here anyway,  
9 say that to a large extent they believe that young  
10 people begin to take drugs due to a sense of  
11 alienation, the sense that they need to  
12 escape, in the first instance. On the other  
13 hand, I think it might be equally true that  
14 young people will try anything new. Once they  
15 have tried it and discovered it is not in fact, debilitating  
16 but in a way causes them to regard things  
17 slightly differently than for instance a person  
18 who is drunk, or a person who has been smoking  
19 three packages of cigarettes a day for the last  
20 15 years, or a person who simply doesn't care for  
21 living very much.

22 Rather than escaping from reality,  
23 these drugs in my experience and again, it is myself, I  
24 represent as one person in society, enhance my feeling of  
25 reality. I feel much better about life.  
26 It may seem too simple perhaps to say when stoned  
27 a person is stoned -- you know, can stand for  
28 half an hour with a tree, and think wild, fantastic  
29 thoughts or engage in some other activity with  
30



1 other -- you know -- people consider, your average Canadian  
2 home owner and car owner, and factory worker and  
3 others, consider me out of my mind if I were to take off my  
4 clothes and run along the beach in the middle of the night  
5 and let the spray hit me. But it is not really  
6 insanity.

7 THE PUBLIC: Why did you pack it  
8 in?

9 THE PUBLIC: Because I didn't think I needed  
10 it anymore.

11 THE CHAIRMAN: I would like to  
12 call Mr. Norman Levy, New Democratic Party. Is  
13 Mr. Norman Levy here?

14 Well, I will call on -- in that  
15 case I will call on Mr. Terry Berlin of the  
16 University Liberal Federation.

17 If you could summarize here ---

18 MR. DEVLIN: I think most people  
19 here together with members of the Commission have  
20 copies of my brief, and so I won't go through it  
21 to any extent. I will, however, as a basis  
22 for further comments and for any discussion,  
23 read the conclusions and recommendations of it.

24 THE CHAIRMAN: Could you just tell  
25 us who you represent and what this constituency is?

26 MR. DEVLIN: This was prepared by me  
27 for the British Columbia University Liberal  
28 Federation. I was until this past week president  
29 of this Association and vice-president of the  
30 National Association of the Canadian Student Liberals.  
I am at present at Simon Fraser University.





The conclusions and recommendations of this report are, briefly;

The Cannabis plant has been known and used for almost five thousand years. Despite its lengthy history and voluminous literature concerning it, no proof has yet been advanced that the substance is either personally or socially harmful. To the contrary, considerable clinical evidence exists that it may be beneficial.

Cannabis is not a toxic substance, nor is it addictive. Its use does not lead on to the use of narcotics and it is not a narcotic itself. In view of the violence and other social problems frequently associated with alcohol consumption it can reasonably be maintained that cannabis use is preferable.

Cannabis is presently illegal and punitive penalties are prescribed for its possession, use and sale. Efforts at dissuading the public from using the substance and attempts to suppress its use are clear and obvious failures in the light of increasing consumption. Significant social damage is demonstrably attendant upon the attempts at suppression.

It is the contention of this brief that the present laws in respect to cannabis are ill conceived and inappropriate; that they are unenforceable and contrary to the



1  
2 interests of society at large; that the attempts  
3 at enforcement lead not to suppression of use, but  
4 to the creation of a new criminal class which is  
5 criminal by virtue of legal rather than social  
6 definitions; that in view of the present  
7 growing mass civil disobedience they lead to an  
8 undermining of the legal and democratic framework  
9 upon which our society is founded and are  
10 dangerously disruptive of the belief in  
11 social institutions and the social cohesion  
12 which is the basis of any stable society.

13 In view of all of the foregoing  
14 it is therefore the recommendation of this brief  
15 ~~that~~ the present prescriptive laws against cannabis  
16 and its use be repealed. It is the further  
17 recommendation of this brief that cannabis  
18 possession and consumption be legalized and  
19 that it be dispensed under government control.

20 I have a couple of points I  
21 wouldn't mind adding there. The points are  
22 not consecutive. They are things that have  
23 occurred to me as I sat here and listened. They  
24 are also -- to begin with, someone asked me a  
25 question when I came in: "What if we do legalize  
26 it? Doesn't ~~that~~ mean everybody is going to  
27 come here to Canada to get it?" My answer to  
28 that, gentlemen is, are we to deny justice to  
29 our own people for fear that others also may ask  
30 for it?



1  
2 A point -- another point that was  
3 made by Huxley -- ~~Aldous~~ Huxley, some long time  
4 ago, is that mankind throughout all of his recorded  
5 history has sought for some escape mechanism  
6 from the harsh realities of this world, the particular  
7 mechanisms varied from society to society,  
8 alcohol is perhaps the most common one in ours.  
9 And the real issue is not -- whether or not  
10 mankind has an escape. The real issue is that  
11 he should have one that is at least safe and  
12 desirable.

13 In my opinion, marijuana is that.

14 The young gentleman that stood up  
15 here mentioned matters of the young and alienation  
16 and it seems to me that one of the most significant  
17 barriers against the young today, something that  
18 does create alienation ~~are our~~ present laws  
19 against marijuana. The technology of our  
20 society today has for the first time in human  
21 history provided us with a situation where we  
22 can meet the material needs of people. For the  
23 first time in history we have a situation where  
24 collectively we can take time off from producing  
25 goods to look around us at our society and try to  
26 do something about betterment.

27 Many people call the present  
28 generation a drop out generation. Well, it seems  
29 to me ~~that~~ a generation that is rightfully or wrongfully  
30 concerned with issues such as Viet Nam, Biafra,





1  
2 approve it, I didn't feel it right to present it  
3 as their viewpoint, although I have permission  
4 to present it on their behalf.

5 MR. CAMPBELL: It has neither been  
6 accepted nor rejected?

7 MR. DEVLIN: It has not. By the  
8 time I send the bibliography to you, I will  
9 probably have that information for you.

10 THE CHAIRMAN: So it is your personal  
11 submission, really.

12 MR. DEVLIN: At the moment, yes, it  
13 is.

14 THE CHAIRMAN: Thank you. Any  
15 other questions?

16 Gentleman at the microphone?

17 THE PUBLIC: I would like to ask  
18 the gentleman concerning this important document,  
19 that he advocates and recommends, whether he uses  
20 this mind bender or psychic modifier himself,  
21 that he would like to see it legalized for other  
22 people to be put into a state of euphoria.

23 MR. DEVLIN: I think I will not  
24 answer that on the grounds that I don't think  
25 that whether a person -- the person's viewpoint on  
26 a subject should be determined by whether or not he  
27 himself personally partakes of it.

28 THE PUBLIC: You have answered it,  
29 thank you.

30 THE PUBLIC: I wish to ask you too,



1  
2 if all the -- the countries that are so involved  
3 with this hashish and so forth, are they the  
4 countries that are producing and feeding the world  
5 today?

6 MR. DEVLIN: No, I don't think that  
7 they are, but I don't think that they are --- hashish  
8 consumption over-production has anything to do with that.

9 THE PUBLIC: What does it do to the  
10 individual?

11 MR. DEVLIN: What does it do to the  
12 individual? I think these types of drugs --

13 THE PUBLIC: Of the countries?

14 MR. DEVLIN: Of the country.  
15 I think that is a question that would take too long  
16 to answer here. I am not sidetracking, but I  
17 think there is considerable written material on  
18 that that we can obtain, in your own library.

19 THE PUBLIC: Like Dr. Moras?

20 MR. DEVLIN : I am sorry, I  
21 don't know who he is.

22 THE CHAIRMAN: Could you tell us  
23 about Dr. Moras?

24 THE PUBLIC: I beg your pardon?

25 THE CHAIRMAN: Would you like to  
26 tell us about that reference?

27 THE PUBLIC: Well, there is a book  
28 that is being published by Dr. Moras, who made the  
29 twenty-five years study of the use of marijuana  
30 and hashish -- M.D. Ph.D.--and I think it is very very



1  
2 important when a doctor does twenty-five -- gives  
3 twenty-five years of his life for the study without  
4 knowing the problem is going to happen in Canada.  
5 I think this book should be read and studied as  
6 well as the rest of our -- our so-called ideas put  
7 in.

8 MR. DEVLIN: I am sure you are right.  
9 We have to look at all sides of the question to  
10 come to honest conclusions. There is a study  
11 I know of which was done in mental hospitals in  
12 Morocco. As a matter of fact, there is one  
13 I read also in Playboy which makes mention on  
14 the subject of marijuana. This study is not  
15 a valid one, it bears no relation -- you can't  
16 draw any conclusions from it. They found ~~that~~  
17 "X" percent of the people in mental hospitals  
18 in Morocco were kif users. It doesn't tell you  
19 how many people in the general population are also  
20 kif users, it doesn't tell you anything at all.  
21 A great many studies have been done which are  
22 purportedly scientific, but are not. The most  
23 commonly quoted sort of thing here is the business  
24 where X-number of heroin addicts used marijuana,  
25 therefore marijuana leads on to -- on to heroin.  
26 This is just rubbish. After all, a hundred per cent  
27 of them started on mother's milk. Maybe we should  
28 ban that.

29 THE CHAIRMAN: I would like to ---  
30 Thank you very much, Mr. Devlin. I would like to call





1  
2 now on Mr. Peter Fleming of "The Activators".

3 THE PUBLIC: Excuse me just a  
4 moment.

5 THE CHAIRMAN: Yes? While he is  
6 coming to the table.

7 THE PUBLIC: I believe there is  
8 an essential point here that has been missing for this  
9 Commission, and that is page 8, paragraph 3. Could  
10 you just quickly elaborate on that, particularly  
11 the last sentence.

12 THE CHAIRMAN: Is Mr. Peter Fleming  
13 here, by the way?

14 MR. FLEMING: Yes.

15 MR. DEVLIN: Paragraph 3? "It is  
16 felt by some people that even if the dangers of  
17 marijuana are exaggerated, the misstatements  
18 should be allowed to stand in order to frighten  
19 adolescents"--- Is that the one you are  
20 referring to? "-- carries on the deliberate  
21 circulation of false information is self-defeating,  
22 in that it is easily disapprovable by any  
23 individual who chooses to experiment for himself  
24 or has contact with others who have experimented.  
25 It is an approach of exceeding bad faith and brings  
26 into question our entire legal and socially educative  
27 systems. Not the least of its dangers is its  
28 propensity for invalidating legitimate official  
29 caution on other substances, which are dangerous.  
30 You are talking about the last two sentences there,



1  
2 I think everyone knows perfectly well that they  
3 can experiment themselves and decide whether the  
4 dangers are or are not true. But if we are out --  
5 I work in an organization in the University --  
6 at least I am involved with the University Liberals,  
7 who are attempting to do something useful through  
8 existing channels. The complaint of many people  
9 is that existing channels don't work and they  
10 can't work through them, and I say that law, the  
11 bad law is bringing out beliefs in law into  
12 question, when people can't get reasonable demands  
13 met through the democratic process, then they  
14 call into question that democratic process itself.

15 And because I believe very much  
16 that our society -- that laws are necessary and  
17 that the democratic process is workable, and a  
18 worthwhile thing, it is important to me to see  
19 that laws are reasonable, and that reasonable  
20 grounds for change can be made, and I think that  
21 this is one of the things that is happening here  
22 now. The government has set up a Commission  
23 to inquire, the government is asking the people,  
24 "What do you feel about it?" "How do you react?"  
25 "What are your wishes in the matter?". The  
26 Commission is also looking into many other aspects  
27 of it, the medical, sociological and so forth.  
28 I think this is what demonstrably it is all about.  
29 And I think that the laws against marijuana  
30 were probably enacted by people who sincerely



1  
2 believed they were doing the right thing, at least  
3 here in Canada. The laws are inappropriate,  
4 they are wrong and they must be changed.

5 THE CHAIRMAN: Thank you very much.  
6 Mr. Fleming?

7 MR. FLEMING: Yes, Mr. Chairman,  
8 the Activators are a small educational movement,  
9 which was founded by Mr. David Pelon, who is here  
10 with me today, perhaps six years ago.

11 We did not submit a brief because  
12 we did not have the time or the money and we were  
13 too busy doing other things.

14 We are an educational movement  
15 concerned with teaching people the ideas that Mr.  
16 Pelon has developed, which have worked for a  
17 number of people to enable them to see what their  
18 life is about, what -- why they do what they do,  
19 how their aspirations ---

20 THE CHAIRMAN: Do you want to speak  
21 a little closer to the microphone?

22 MR. FLEMING: --- how their aspirations are  
23 achieved and we are not anxious to define those  
24 aspirations, but we are concerned with the drug  
25 situation and particularly the last speaker --  
26 what the last speaker said, that we live in an  
27 intolerable world, it is increasingly difficult  
28 to cope with, and given that intolerable world,  
29 what we should do is escape or what we should do  
30 is find escapes. What the Activators are  
concerned with is not finding escapes, but finding





1  
2 knowledge so people are able to handle their  
3 life and achieve the things they want to achieve,  
4 without the destructiveness of the escapes.

5 It is our contention that drugs  
6 together with a lot of other things, are  
7 destructive escapes.

8 THE CHAIRMAN: Thank you. Any  
9 questions? Dr. Lehmann?

10 DR. LEHMANN: May I ask you then  
11 how you -- how you can permit this, or there are an  
12 awful lot of people who feel the strain or stress  
13 of modern life has become intolerable, and that  
14 escapes are necessary. And if you say, well,  
15 you can't, or you won't convince others, they  
16 will have to come to you, do you feel that there is  
17 any reason for the government Commission or the  
18 government to take any action to help those who  
19 do not -- are not convinced of your convictions?

20 MR. PELON: One of the problems  
21 that we have is not so much in the drug -- the  
22 drugs are only a symptom. One of the things --  
23 the problems we have is we don't understand  
24 ourselves in relationship to what is going on.  
25 We are governed entirely by our emotions. If  
26 something in the paper becomes a sensational thing  
27 like that, that's the only time we will read it.

28 In other words, we are always in a  
29 tension state. All of us, no matter how many of  
30 us try to become calm, no matter how many of us try



1  
2 to act civil, there is always an undertow of tension  
3 around us, which we must build up an image or  
4 defence against, and you can't blame anybody for  
5 building up a defence against this tension, if  
6 you can't learn anything about it, either in a  
7 school, university or any other place.

8 We understand psychology and we  
9 can deal with that; we can deal with the subject,  
10 but  
11 not with the person, /with the subject.

12 We understand psychiatry, we can deal with that  
13 subject, but when it comes down to the human  
14 behaviour, the human aspiration, to understand  
15 the human being as an individual, and the individual  
16 can understand himself, where he is going, why  
17 he is going, there is nothing in the school to teach  
18 this.

19 DR. LEHMANN: You would teach this  
20 in the school, or where would you teach --?

21 MR. PULON: I would teach the  
22 understanding of human behaviour, the understanding  
23 of the human being, the understanding of the  
24 individual, what he is, who he is, where he is going,  
25 and so at least he knows why. When a person  
26 stands up -- the people who are very eager to  
27 escape are people who stand in front of a mirror  
28 and say, "Who am I", and the answer is, I am living  
29 and nobody teaches him who he is, or what he is,  
30 nor do they teach him how to be himself, or where  
he is going and what else can he do?



1  
2 I am certainly not for marijuana.  
3 The people in this hall know. The people know  
4 the Activators are not for marijuana, we are  
5 terribly against it, but I just refuse to persecute  
6 people for doing what you and I do in different  
7 ways. I do it through reading.

8 MR. STEIN: Could you make it  
9 clearer what you mean by that? Mr. Fleming  
10 didn't mention anything about -- any questions  
11 about the present legal handling of drugs. I am  
12 well aware of the fact that your program does  
13 not embrace drug or mood changing drugs as part  
14 of its therapy, but what is your view, or do you  
15 have any view regarding the appropriate role of  
16 law on this matter?

17 MR. PELON: There is one thing  
18 that we are never going to be able to do, and  
19 we are never going to be able to legislate and  
20 answer this question. I think anybody who gets  
21 up here and talks for legislation or against  
22 legislation is groping in the wilderness. I have  
23 no, absolutely no opinions on whether it should be  
24 legislated. I am very very much against the  
25 hallucinogenics in every shape, and every form.  
26 I will not allow anybody who is on them to come  
27 into my unit, but I am not against the person  
28 and I am not against the reason for him doing  
29 it, and I would certainly not turn anybody in  
30 for doing it. I would say this: somewhere along





1  
2 the line it has nothing to do with legislation,  
3 it has something to do with a new subject in  
4 educating people.

5 MR. STEIN: Could I ask you one  
6 more question. I know you spent some time in the  
7 prisons trying to work with people who were in  
8 there, or you were at one time, and a number of the  
9 people who come to you for assistance have been  
10 involved in living in prisons and that part of  
11 your energies are directed to do so and direct  
12 them to break away from the life of life they  
13 have become accustomed to in prison.

14 I find it very hard to understand  
15 how you can be this disinterested in the question  
16 of legislation on this matter, because it does lead  
17 people into a form of living and it seems to  
18 me that you have some very strong convictions  
19 about it.

20 THE CHAIRMAN: All right?

21 MR. FLEMING: We are mainly an  
22 educational group, and to this extent we  
23 don't want to get drawn into the very complicated  
24 issue of what shouldn't be legal and to work  
25 it out. To the extent that you are trying to  
26 challenge me, I will make it. This is my personal  
27 view now.

28 My personal view is that we need  
29 around drugs is education, and we don't need  
30 education around drugs. That is what we are



1  
2 saying, but what we need is around  
3 how people can find themselves people can  
4 find their true selves.

5 It is my concern that it is  
6 around issues like this, that are using  
7 drugs and we need to teach about this,

8 Mr. Pelon was -- when Dave  
9 was saying educate people is -- I  
10 wanted to speak to your question has  
11 developed a very comprehensive knowledge  
12 which he teaches. The and the  
13 learning of this takes a that is  
14 what he is talking about when saying what  
15 should be taught in the school there is  
16 some material I think we need some of that.

17 My own opinion is this  
18 education needed, my own feeling that I am  
19 opposed to drugs, I would education  
20 around some of these problems, I feel  
21 that by bringing -- I am also to people  
22 suffering the incredible pain in bad  
23 marriages. I think it is that for  
24 people to learn how to be and  
25 and I mean something that it is  
26 obviously something that people  
27 Dave is doing it, George is it, he is  
28 doing it.

29 HP. PELON. I mean  
30 Dave Lerner.



1  
2 MR. FLEMING: When you try to  
3 have an educational program around marriage, but  
4 at the time when I have a fight with my wife, the  
5 police have some role to play. I have a  
6 responsibility to report that fight with my wife  
7 or the police have a right to knock on my door.  
8 The chance of me being able to learn about how to  
9 be married is going to be incredibly lessened.  
10 My feeling around drugs -- this is my personal  
11 feeling, is while the law is being involved  
12 consistently and absolutely, you cannot get  
13 education.

14 THE CHAIRMAN: Mr. Lerner?

15 MR. LERNER: Dave, I wonder if  
16 you could tell us briefly how you might respond to  
17 the young seeker who has come to believe that the  
18 path to enlightenment lies in a sugar cube?

19 MR. PELON: Well, this -- this is  
20 done through a number of channels or a number of  
21 reasons. It very well could be strictly  
22 social acceptance, it could very well be for  
23 the tremendous need we have, our aggressiveness to  
24 discover things. It may very well be everywhere --  
25 I said social adaptation -- it could very well be  
26 an inquisitiveness because one thing that stands  
27 out, if not given right now, any chance to decide  
28 for himself -- we have made such a mountain, such  
29 a religion around this drug that we have completely  
30 forgotten, completely forgotten why it is there,





1  
2 and what to do about it, and we come back where  
3 we are always using past references. We, as  
4 sociologists look back and we are always looking  
5 at things and the more we look at them, the more  
6 we see what we don't know. Everybody says,  
7 "Let's make -- let's look into this and let's get  
8 some form of research on the -- on the marijuana  
9 question." It is like saying to a drowning man,  
10 "Stay there while I look at you and see what  
11 happens". It is ridiculous.

12  
13 Somewhere along the line we have  
14 to start by looking at something and we have to  
15 look at the people who are doing it, not the  
16 people who promised or are going to do it, but  
17 people who have already done it, and we can't spend  
18 the time looking at everybody, we have to sooner or  
19 later get down to the people who are doing things,  
20 not saying, but doing, and find out how they do it.  
21 And let's forget past references. It is a new  
22 world and it is a new time, and it is a new  
23 sociological set-up. We can't solve these  
24 problems by past reference. We have got to get  
25 to the people to do it -- that can do it, and forget  
26 the idea that we feel very very secure if we can  
27 stick to the form. It is the content.

28  
29 THE CHAIRMAN: What kind of  
30 support in this kind of activity do you require  
31 and how should it be related at all to governmental  
32 support?



1  
2 MR. FLEMING: Is the question  
3 how much support financially? Ed Pelon presently  
4 gets a salary of three hundred and fifty dollars a  
5 month. He is dealing presently with -- I work  
6 for the John Howard Society by the way, so I  
7 get considerably more than three hundred and fifty  
8 dollars a month. The sort of financial report  
9 the Activator would make would be a budget somewhere  
10 in the vicinity of fifteen or twenty thousand  
11 dollars a year. We get at the moment, somewhere  
12 in the vicinity of a quarter to a fifth of that  
13 amount of money.

14 The business means or profit  
15 conversations have to take part in the coffee shop  
16 next door, because there is no room for this to  
17 happen in what is called the Activator Unit, because  
18 it is too small. Because he is sort of a strange  
19 guy, and because a lot of people would use other  
20 adjectives, and because he is working outside the  
21 conventional professional structure, just the same  
22 as Dave Kerner's operation, these things are  
23 continually held back in terms of finances. It  
24 operates its -- it is not allowed to go broke  
25 because that would be some sort of scandal, but  
26 it is not allowed to expand.

27 THE CHAIRMAN: How much of it can,  
28 do you think, can be effectively done, in our  
29 society today, that is to say, how many groups --  
30 what is the capacity?



1  
2 MR. PELON: Let me explain that.  
3 When I started, I started with twelve people and  
4 everybody said, all the professionals came to me  
5 and said, "It is your charisma, it is your power;  
6 this is the thing in which you excel, this is the  
7 thing you are giving up." But I have got  
8 trained people, I have got something like thirty  
9 trained people and they are all involved with  
10 different groups that I don't know anything about  
11 except their progress. And the unit, although  
12 it only holds something like thirty-five to  
13 forty people at one session, the Activators who are  
14 now trained are in the -- are working with the --  
15 in the realm of something like a hundred and fifty  
16 or more. Now, the thing is this: you ask  
17 a question: How many people do we have -- do we  
18 work with in the unit itself? I am working now  
19 with about a hundred and twenty-five. I would  
20 say that out of that hundred and twenty-five,  
21 there would be at least from twenty to twenty-five  
22 ex-drug users, but not the hard drugs.

23 Let me explain this: I do not  
24 in any shape or form hold myself up as a person  
25 that deals with drugs exclusively or has an answer  
26 or the answer, I should say to drugs. I haven't  
27 got the answer to drugs, but I have got an answer  
28 to an awful lot of people on drugs who are looking  
29 for something, and who cannot find anything else,  
30 up to this date, and they are in prison and you get





1 |  
2 | into the -- X-Kalay or some other institutions  
3 | away from the so-called negative institution,  
4 | and they have X-Kalay where they can function.  
5 | Socially they are accepted people, rather than the  
6 | prison where they are -- they are functioning as  
7 | criminals.

8 | Now, this is one thing that Mr.  
9 | ~~lerner~~ as you know, has, but we do not deal with  
10 | that institutionalized person, but we do deal  
11 | with the inadequates and we cannot say that we  
12 | are there to take people off drugs, but we  
13 | are there, so that people who want to come off  
14 | drugs and have no place to turn to, when that  
15 | drug turns their stomachs on that depression or  
16 | that morbidity, that engulfs them, they are at  
17 | least able to come down when they want to get off  
18 | of it, and they have some place to go where they  
19 | can be properly guided into some aspiration which  
20 | will take the place.

21 | You cannot take anything away  
22 | from anybody unless you have got something better  
23 | to put back.

24 | THE CHAIRMAN: Thank you.  
25 | Gentlemen, at the microphone?

26 | THE PUBLIC: Yes, I have been  
27 | sitting here today and yesterday listening to a  
28 | lot of people talk about drugs. This gentleman  
29 | here doesn't dig them, the gentleman before liked  
30 | them, well it seems to me rather irrelevant whether



1  
2 anybody here likes or dislikes drugs. Like there  
3 are many things that I do that you will approve  
4 of or disapprove of, somebody will put me in jail  
5 for, somebody won't.

6 It seems to me that the issue is  
7 whether you have a right to judge, you know, [Gofman]  
8 calls these crimes without victims. I mean you  
9 can deal with gentleman, you or you. I think you  
10 have to realize that it is no longer a political  
11 question, because we have heard testimony here  
12 and we know everyone in society smokes grass  
13 but no one gets busted in the British properties  
14 and no one gets busted in Westmount in Montreal,  
15 and it is irrelevant to a certain degree, whether  
16 we like dope or not, the thing is there are  
17 people getting busted out on the street right now,  
18 while you are sitting here and talking about  
19 whether you like it or not. I think that the  
20 only way you can have any credibility at all  
21 is to immediately suggest a moratorium on drug  
22 sentences in this country, because while you sit  
23 here kids' lives are being ruined, you are talking  
24 about whether you like dope, this one likes it,  
25 he doesn't, and kids are getting busted every day,  
26 in Montreal and in Toronto right now, and I  
27 don't see really how you can win our respect by  
28 sitting here looking at us, hassling with us,  
29 over whether you like dope or we like dope; that  
30 is unimportant. The fact is, that you are putting



1 |  
2 | kids in jail and you are ruining their lives,  
3 | and that's the point I want to make.

4 | THE CHAIRMAN: Thank you very  
5 | much.

6 | THE PUBLIC: I think that there is  
7 | -- from these previous speakers, I have a few  
8 | things here that the Commission should certainly  
9 | listen to.

10 | I am following the advice ---

11 | THE CHAIRMAN: Excuse me, if I  
12 | could just for a minute, I wonder if I might release  
13 | these gentlemen and say that in a minute I will  
14 | call upon Dr. Cathcart of the Youth Communications  
15 | Centre. Is Dr. Cathcart here?

16 | Yes, would you like to proceed  
17 | please?

18 | THE PUBLIC: I would like the  
19 | previous -- couple of men previously had mentioned  
20 | that we should ask these young people, so I took  
21 | his advice for he said it, and last night I asked  
22 | a college student in his mid-twenties what he  
23 | knew of marijuana and drugs among his generation  
24 | and did he think it should be legalized, and  
25 | this was his answer: "You may be able to smoke  
26 | pot once, or twice or for a month, and nothing  
27 | happens -- nothing serious happens at first. This  
28 | is where the young begin to distrust what the  
29 | older generation say about it, but then each time  
30 | you take it, you get -- each time you take it,





1  
2 you get high a little sooner." From what he  
3 has observed, marijuana users usually graduate  
4 to harder drugs eventually. He related -- you  
5 haven't lived your life yet. He related last  
6 year, there was a saying around by people pushing  
7 heroin, a little horse can't hurt you, meaning  
8 heroin. He also stated there are definite  
9 personality changes in using marijuana. He  
10 said the younger men who are using pot instead  
11 of liquor collect in groups and reject others  
12 who do not use them. This differs from  
13 alcohol which usually makes people more sociable.  
14 Yes, they develop a sensitivity all right,, they  
15 become keenly aware of what they are lost in, but  
16 on the other hand, are unable to notice the  
17 reward of a good hard day's work. They develop  
18 an apathy as far as work is concerned -- they  
19 develop an apathy as far as work is concerned.  
20 He said marijuana is like candy, when you have  
21 it once, you want it again, but its effect on a  
22 human being, if everybody started taking it,  
23 would cause society to crumble, therefore the  
24 emphasis on society would change as users have  
25 no material values, they are aware all right,  
26 but are unable to be productive.

27 This is why they are content to be  
28 dirty, sleep anywhere, have nothing. I am quoting  
29 this student.

30 THE CHAIRMAN: Please, please. I was



1  
2 struck with the respect that everyone has shown  
3 for everyone's opinions and I think this is the  
4 first instance in which we haven't allowed someone  
5 to be heard.

6 THE PUBLIC: This is why they  
7 are content to be dirty, sleep anywhere, have  
8 nothing and try to use society as a scapegoat.  
9 If everybody did this, an unproducing, unconsuming  
10 society would rapidly result and crumble fast.

11 This student also relates that  
12 middle and late teenagers of a few years ago,  
13 who were nice clean-cut responsible people, are  
14 today nothing but animals, filthy in person, foul-  
15 mouthed hippies -- now I am not saying all hippies,  
16 but I am taking these people he went to school  
17 with, and since they have gone on pot. His  
18 solution, keep all pot, soft and hard drugs, legal  
19 to manufacture and traffick and <sup>give</sup> the same sentences  
20 to these as to kidnappers, because they are worse -- they  
21 are kidnappers of the body, they are kidnapping  
22 the minds and souls and lives of these innocent  
23 young, who have not had sufficient knowledge,  
24 wisdom and maturity to cope with that.

25 Now, on June the 6th, an article  
26 by Board Chairman, [Dr. Fellow Cambra] stated no  
27 scientific evidence that marijuana is harmful or addictive.  
28 this morning, on Pat Burns' Open Line, a gentleman  
29 stated he had samples of marijuana cigarettes analysed  
30 by a lab analysist and small doses of Strychnine



1  
2 and heroin were found in them.

3 This, undetected, could soon create  
4 the user requiring hard drugs and these people  
5 would be easy pickings for the heroin traffickers.  
6 This alone is one good scientific reason for the  
7 absolute ban on all trafficking in marijuana as  
8 well as all drugs.

9 Another man called me in from  
10 Nanaimo this morning referring to the fourteen year  
11 old Calgary girl who last week became so  
12 depressed after smoking marijuana, she left a  
13 note explaining this, urging her classmates not  
14 to use it, and then blew her brains out with her  
15 father's shotgun. This man knows this family  
16 well, held this girl in his arms as a week-old  
17 infant and said she was always such a happy  
18 child and youngster until she started smoking  
19 pot.

20 In Bloomington, Indiana recently  
21 Detectives discovered four pounds of marijuana  
22 and three pounds of horse manure in a confiscated  
23 suitcase along with a recipe for drying and grinding  
24 the manure to mix with marijuana to stretch it.  
25 The marijuana would have sold from sixteen --  
26 for sixteen hundred dollars, but the mixed product  
27 for twenty-eight hundred. These peddlars are  
28 providing themselves with an easy life, producing  
29 nothing of value to our society. I query, who  
30 is behind wanting to legalize this?





On October the 29th, 1969, in the Vancouver Sun, Mrs. Ross, Board Chairman of the West Vancouver School stated: "Students are being faced with strong pressures from their peers to experiment with drugs." Who are these peers? Are they not as guilty as those who actually sell the drugs? Mr. Price, in the Vancouver Sun on October the 29th, 1969, advocated harsher legal penalties for both users and pushers, like the student I referred to had recommended.

THE CHAIRMAN: I wonder if we could invite Dr. Cathcart just to say a few words in his submission and then perhaps you could conclude. I think we will have a little time to spare.

THE PUBLIC: There is not very much left.

THE CHAIRMAN: Well ---

THE PUBLIC: All right.

THE CHAIRMAN: You will spare the time? Thank you.

Dr. Cathcart, you are with the Communication Centre. Could you tell us something about your organization?

DR. CATHCART: As far as the organization is concerned, it has been known as Cool Aid for a longer time than it has perhaps been known as the Youth Communication Centre, and I served as a medical officer down in the Cool Aid for between three and four years and gathered a



1  
2 number of subjective impressions and opinions  
3 only.

4                   The drugs I would like to confine  
5 my statements to are marijuana and hashish, LSD  
6 and amphetamines and STP, and the other hard  
7 drugs <sup>generally regarded</sup> in the illegal trade.       Society today  
8 has become increasingly conscious of drugs for  
9 non-medical use.       The news and entertainment  
10 media abound with descriptions of these drugs  
11 and their effects, beneficial and harmful.  
12 Contradictory and vague statements often lead to  
13 a disregard for the judgment of those who may  
14 be regarded as authorities in this field.  
15 The public is confused regarding drug use.

16                   I believe that public confusion  
17 will slowly deteriorate into a state of social  
18 consent toward the use of non-medical drugs,  
19 particularly if a great number of people become  
20 involved in the use of drugs.       This social  
21 consent may not be conscious or willing yet it  
22 would be implicit, for there is, and evidently will  
23 be, increased use of illegal non-medical drugs.  
24 The media and the public are intrigued, pre-  
25 occupied with these drugs.       Movies, television  
26 entertainment and modern, folk music, etc.,  
27 romanticize drug trips and psychodelia, adding  
28 to the implicit encouragement of this state of  
29 social permission toward the use of non-medical  
30 drugs.



1  
2 If the premise is correct - that there  
3 is a social climate of ambivalence approaching social  
4 permission or consent for the use of drugs -  
5 then the laws of our country are rendered  
6 inadequate and impossible to enforce. People  
7 will read the permissive social climate, rather than the  
8 law.

9 This will be my first point. The  
10 second point, at least, I have mentioned with the  
11 young people I have been dealing with, much has  
12 been said about the responsibility of adults,  
13 clergymen, educators, <sup>politicians</sup> medical men, etc., into  
14 the problems of control and pointing out the risk  
15 with regard to drugs. Little can be done in  
16 this regard, I believe nothing can be done, unless  
17 we can gain the responsibility or get some form  
18 of information to the youth today, that is intelligent  
19 and ~~that~~ will be persuasive in argument.

20 When we get this information to the  
21 youth, if we have it, and if they do get the  
22 proper information, then and only then can they  
23 be regarded as evading the responsibility, even  
24 if they don't use the drugs. They will have  
25 contact with friends who have drugs, and they  
26 will have contact with ~~jails~~ <sup>jails</sup>. This vast  
27 majority of young people who reject drugs, should  
28 help those who don't reject them, and nothing  
29 can be done without the cooperation of the students.  
30 They must personally and collectively become more





1  
2 aware of the social responsibility, realizing the  
3 close contacts they have with the trade. But first,  
4 there must be solid and unequivocal guidelines  
5 from an unconfused public who do not give  
6 contradictory signals regarding these drugs and  
7 do not give any social consent for their use.

8 It is my opinion, gained from  
9 experience that I have had in treating the  
10 youth who are using these drugs, that these drugs  
11 are harmful in use and deadly when abused. (with  
12 the very slight possible exception of the drug  
13 marijuana).

14 I would respectfully submit that  
15 behavioral and biological research programs be  
16 carefully and quickly instituted to measure the  
17 pharmacological, physical, emotional and  
18 psychosocial implications of the use of these  
19 drugs so that decent scientific data can  
20 replace conjecture and opinion. Including the opinion  
21 opinions I have just given.

22 I think that these studies/be not  
23 carried out, necessarily in a university  
24 Centre, but a separate centre be set up, separate  
25 drug foundation, where the best brains in Canada  
26 can be drawn to, given adequate resources to work  
27 with, and large sociometric population community,  
28 social medical, pharmacological studies be  
29 done on large groups of people taking the drugs  
30 and large groups of people not taking these drugs and



1  
2 comparison be made of backgrounds, cultural  
3 backgrounds, pressure in our community. This is  
4 the only way we are going to gain valid data  
5 which will be at all persuasive and which would  
6 change the social climate of our day. We are  
7 going to continue to have drugs until we can do  
8 away with implicit consent for the use.

9 MR. CAMPBELL: Would you explain  
10 the harm you do see in the use of these drugs and  
11 the reason you have for making the slight possible  
12 exception to marijuana?

13 DR. CATHCART: Well, much has been  
14 said about the fact that there are no good solid  
15 scientific studies that can support harm being  
16 done by marijuana, but I would counter with the  
17 fact that there have been no good solid studies  
18 that I can find that point out that marijuana  
19 is useful or that it is harmless. And until we  
20 get these studies, I would hesitate to introduce  
21 as a legal drug, or as a widespread drug.

22 Now, it might be very harmless,  
23 it might be a very good drug, as a soothing agent  
24 to be used by young and old alike, in a state of  
25 tension or possibly it could be of no harm whatsoever,  
26 and it might replace a very valuable drug,  
27 Valium, or any other tranquilizers, <sup>that</sup> are used in my  
28 own practice. But I still want to be sure of this drug, that  
29 it is harmless, I don't believe that I can say  
30 that we should legalize it.



1  
2 MR. STEIN: What about the point  
3 that is made over and over again, that it isn't  
4 a matter of using the drug, the drug is being used  
5 and it is being used very extensively. You  
6 are close to -- in one part of the community you  
7 are close to a certain amount of drug use.  
8 What about the statement that it isn't a question  
9 of introducing it, it is now used and people are  
10 now being put in jails and are getting paranoid  
11 because they use it and so forth? Do you have  
12 any comments about that part of the situation?

13 DR. CATHCART: Well, I would  
14 certainly agree that it is in widespread use,  
15 which brings up another point, that are we  
16 absolutely sure that it is marijuana or the  
17 various relations of strength from marijuana  
18 and hashish and beyond hashish the stronger  
19 derivatives, but that is another problem. But  
20 it is in wide use in suburbia and in central  
21 Vancouver, it is in wide use in my private  
22 practice.

23 THE CHAIRMAN: Dr. Lehmann?

24 DR. LEHMANN: Would you not agree  
25 that the damage that might be done by keeping it  
26 outlawed, the social damage would be greater than  
27 the damage that might be produced if it would be  
28 dealing -- if it would be legalized?

29 DR. CATHCART: Well, once we have  
30 decided the three proper steps then it is -- that





1 it is not a harmless drug, then I think it should  
2 be legalized immediately.

3 DR. LEHMANN: But it would take  
4 three or four years and about a billion dollars for what  
5 you propose.

6 DR. CATHCART: It certainly would, but  
7 I am sure it would cost a great deal of money to put a  
8 number of young people in prison and keep them there for  
9 a great deal of time, in order to teach them a lesson that  
10 perhaps can be learned by society because they have no  
11 basis for teaching.

12 MR. STEIN: Would you agree with what  
13 has been said here today, and made by the Parent-  
14 Teachers' Association, that a quarter of a million  
15 people, apparently, in Toronto, that until  
16 such medical research as you are suggesting is  
17 more conclusive, there should be a moratorium on  
18 the drug sentencing for possession?

19 DR. CATHCART: I would certainly suggest  
20 that a moratorium ~~be~~ be included to a certain degree and  
21 certainly in the areas where the studies are being car-  
22 ried out. For instance, if a high school is chosen,  
23 or a number of high schools, where you can get a popu-  
24 lation of several thousand students, to have a mora-  
25 torium while we study in depth.

26 MR. STEIN: The suggestion that the  
27 Parent-Teachers' Association made went further than  
28 that, and they were in favour of a moratorium on the  
29 whole business of placing users in jail, sentencing  
30 them to any kind of prison situation, whether they  
were the objects of medical reasearch or not.

DR. CATHCART: Well, I have never felt



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2                                   could  
adequate reason <sup>could</sup> be conjured up to place people  
3 in jail for marijuana, but then again, I have  
4 rarely found a person who took solely marijuana,  
5 although I imagine there are people who do so.  
6 I think that the -- if the young people are honest  
7 they will tell me that they just don't take  
8 marijuana, that they drop acid, drop hashish, STP,  
9 and Strychnine and a number of other things.

10                                   MR. STEIN: Would you say this is  
11 true not only of 4th Avenue area where you may be  
12 working more of the time, but also of the suburbs  
13 and the general practice --- I don't know where  
14 your practice is.   Where is your practice?

15                                   DR. CATHCART: My practice  
16 is in Richmond and the pushing of the trade is  
17 in various housing and in one commercial area of  
18 Richmond.   There is open trade in marijuana.  
19 There is a very heavy trade in the other drugs,  
20 and last Friday and Saturday, I had contact  
21 and then knowledge that heroin was being pushed.

22                                   THE CHAIRMAN: Thank you very  
23 much, Dr. Cathcart.

24                                   I regret very much, but the  
25 hour, we have to vacate at four-thirty sharp  
26 and there are arrangements here, but we will be  
27 at the Bistro Coffee House tonight at seven-  
28 thirty, and you can send us any further  
29 submissions directly to Ottawa to the Vanier  
30



1 Building, Drug Inquiry Commission, Vanier  
2 Building.

3 Thank you very much.

4

5 ---Upon adjourning at 4:30 p.m.

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